

0156374



**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90178 035 \*\*\*158.75

### 1. Corporation Name

[illegible]**Mailing Address**

1900 S. OCEAN BLVD  
APT 12K  
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

03/28/1996

Applied For	
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Not Applicable
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**\$8.75** Additional  
Fee Required

**\$5.00** May Be  
Added to Fees

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81	Name
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Street Address (P.O. Box Number is Not Acceptable)

83

City

FL

85	Zip Code
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**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change    ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change    ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change      ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change      ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change      ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change      ☐ Addition

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_