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		SECRETARY OF STATE TALEAMASSEE, FLORIDA						
Principal Place			TALEAHASSEE	. FLORIDA				
500 AUS SUITE 1	STRALIAN AVENUE S 000	500 AUSTRAL SUITE 1000	IAN AVE	s.				
W. PALM	BEACH, FL 33401	W. PALM BEA	CH, FL 3340	) 1				
Principal Place of Business     Address     Address								
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State						oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desi		\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of N	lew Registered A	Agent	
	1		Name	T. አ 🗗 እ	DO T MID PO	OUTDE		
NOEL	Street	Address (	RO J MUR ES P.O. Box Number is Not Accep	otable)	<u></u>			
5100 TOWN CENTER CIRCLE			]		S. BAYSHORE			
SUIT		SUIT	E 703					
W. P.	, City	. City Zip Code						
					NUT GROVE		13313	3
I. The above n	named entity symmits this statement for	or the purpose of changing its i	egistered office	or register	ed agent, or both, the state	orrionda.		
		LAZARO	T MUA	2 1/2	SOLLIRE	611	100	
ignature s	ionature, typed or printed came of registered agent		Registered Agent sign		· · · · · · · · · · · · · · · · · · ·	DATE	<del></del>	
	ation is eligible to satisfy its Intangible quirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payab		550.00	10. Election Campai Trust Fund Contr			May Be
11.	OFFICERS AND	學學學可能用的學學學的學學學	12.	<b>海森州西</b> 州	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
1	PD /	Delete	TITLE	PD	70000	2200	Change	Addition
1.	NOEL J. GUILLAMA		NAME	FRE	D STERNBERGOG AUSTRALIAN ALM BÉÄCH, FL		315 ( - 1016(	
STREET ADDRESS	5100 TOWN CENTER	CIRCLE S/560	STREET ADDRESS	500	AUSTRALIAN	2591 E25 T	****15	:00.00
	BOCA RATÓN, FL 3	3486	CITY-ST-ZIP		ALM∴BEACH, FL	<u>3</u> 3401	☐ Chr	
	VDS	Delete	TITLE	A	DTD 99744477		Change	Addition
	DONALD COHEN	GTDGT = 6/565	NAME STREET ADDRESS	1	BIE FINNEL AUSTRALIAN A	VENUE C		
l·	5100 TOWN CENTER BOCA RATON, FLOR		CITY-ST-ZIP		PALM BEACH, F			
TILE :	BOCA RATON, FLOR	LDA = 3.3 4.8 b	TITLE	D	tribit belieft t	<u> </u>	☐ Change	Addition
NAME .		5000	NAME	MIC	HAELCCAHR		_	
TREET ADDRESS		<b>k.</b>	STREET ADDRESS	1 -	AUSTRALIAN A			
ı			CITY-ST-ZIP	W.	PALM BEACH, F	ட <u>33401</u>		
<b>I</b>				מוֹ				
ITY-ST-ZIP		☐ Delete	TITLE	_	r pppcmp		☐ Change	Addition
TITY-ST-ZIP TITLE NAME		☐ Delete	NAME .	PAU	L PRESTE	TINTV	Change	Addition
CITY-ST-ZIP  CITLE  IAME  STREET ADDRESS		☐ Delete	NAME . STREET ADDRESS	PAU 500	AUSTRALIAN A		☐ Change	Addition
CITY-SI-ZIP  CITLE  IAME  STREET ADDRESS  CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	PAU 500 W.		L 33401		
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CITY-S1-ZIP  TITLE  VAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  VAME  STREET ADDRESS  CITY-S1-ZIP  CITLE  VAME  STREET ADDRESS  CITY-S1-ZIP			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PAU 500 W. D MAR 500	AUSTRALIAN A PALM BEACH, F VIN HEIMAN	L 33401 VENUE S.	Change	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver ontrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

DAVID GARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

561n805-8500

Date

Daytime Phone #

CONTRACTOR OF THE SECOND PROPERTY OF SECOND PROPERT