SUITE SHAW, RUEL C SIGNATURE SHAW, RUEL C 18034 SAMBA LANE BOCA RATON FL 33496  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT	purpose of changing its  if upperate (NO)  FILE NOW  After MAY 1, 20  Make Check Paya	Coun  S registered  E Registered  III FEE  000 Fee to De  12.	Name Street Ad City ed office or r d Agent signature IS \$150.00 will be \$55 epartment	registered age of required when in the second of State	Certificate of S  Name and Add  Box Number is  gent, or both, in  reinstating)  10. Election  Trust Fo	DO NOT WRITT 65-0689862 tatus Desired fress of New Re	S8 Fee gistered Age	CE Ap No75 Add Require nt	d
2. Principal Place of Business  Suite, Apt. #, etc.)  Suite, Apt. #, etc.)  6. Name and Address of Current Regineration of the Boca Raton FL 33496  8. The above named entity submits this statement for the Signature Syname, typed or printed name of registered agent and title Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRESTREET ADDRESS CITY-ST-ZIP  BOCA RATON FL 33496  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE	Mailing Address  Suite, Apt. #, etc.  City & State  Zip  stered Agent  purpose of changing its  if upocation (NO)  FILE NOW  After MAY 1, 20  Make Check Payal  CTORS	Coun  S registered  E Registered  III FEE  000 Fee to De  12.	Name Street Ad City ed office or r d Agent signature IS \$150.00 will be \$55 epartment	registered age of required when in the second of State	Certificate of S  Name and Add  Box Number is  gent, or both, in  reinstating)  10. Election  Trust Fo	DO NOT WRITE 65-0689862 tatus Desired fress of New Re Not Acceptable) the State of Flor	S8 Fee gistered Age	CE Ap No75 Add Require nt	ot Applicable ditional d
Suite, Apt. #, etc.)  Suite, Apt. #, etc.)  6. Name and Address of Current Regil  SHAW, RUEL C 18034 SAMBA LANE BOCA RATON FL 33496  8. The above named entity submits this statement for the  Signature, typed or printed name of registered agent and title  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRE  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite, Apt. #, etc.  City & State  Zip  stered Agent  purpose of changing it:  # upocation (NO)  FILE NOW  After MAY 1, 2t  Make Check Payal  CTORS	S registered  III FEE  111 FEE  112 TILE  NAME	Name Street Ad City ed office or r d Agent signature IS \$150.00 will be \$55 epartment	registered age of state	Certificate of S  Name and Add  Box Number is  gent, or both, in  reinstating)  10. Election  Trust Fo	65-0689862 tatus Desired fress of New Re Not Acceptable) the State of Flor	\$8 Fee gistered Age	Ap No. 75 Add. Require nt	ot Applicable ditional d
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13. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with a SIGNATURE:	and securate and that	or the exer						4	