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			01142004 No Chg-P CF	32E034 (10/03)
נ	DO NOT WRITE IN THIS SP	ACE	4. FEt Number	Applied For
		_	59-3223483	Not Applicable
· .			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent		I	
	NIT; GILBERT-A			T E.
· · · · · · · · ·	ST STREET /ILLE, FL 32601		DO NOT WRI	
0.111201			IN THIS SPAC	CE
8. The above the oblige	e named entity submits this statement for the purpose of changing its reg titions of registered agent.	istered office or register	ed agent, or both, in the State of Florida.	am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	gistered Agent signature required	when reinstating) D	ATE
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			ATE
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