BARNA & ASSOCIATES

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.			TSI SI	99	
	(Corporation Name)	(Document #)	LAK) 188	H
2	(Corporation Name)	(Document #)	TASS TASS	R 721	G .
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2.2	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
V	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/F QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	sions of sections 607.0502,		_	•
	ration organized under the l statement in order to change	• • • •		
the State of Florida.	statement in order to change	: us registered office	e or regisiere	a ageni, or voin, in
	poration is: BARNA	& ASSOLIA	765, II	NC.
2. The mailing address	s of the corporation is: P	0 BOX 201	06	
	5	ARA SOTA	. fl	34276
3. Date of incorporati	on/qualification: JAN 1	L,1997 Docum	ent number:	<u> 19700000151</u>
4. The name and addre	ess of the current registered a	gent and office:		
	CLIFFORD M.	KING		do: 8 4
	1800 Second St	, Suite 855	<u></u>	ECOR PR
	SARASOTA, F	-L 34231	o	
5. The name and addre	ess of the new registered ager	nt and office: (P. O.)	Box Not Acce	eptable)
	MICHAELB			- 35 5
	6034 E. PET	PERTREE	WAY	
	SARASOTA, F	-L 3424	-2	
The street address of agent, as changed, will	ts registered office and the s ll be identical.	treet address of the	business offic	ce of its registered
Such change was authauthorized by the boat	orized by resolution duly ad	opted by its board o	of directors or	by an officer so
_ (unli	icer, chairman or vice chairman of th	a board)	<u>A</u>	PR 15.1999
_		·	(1)	ale;
MICHAE	L BARNA TR , rinted or typed name and title)	PNESIDENT	7	-
Having been named a corporation, I hereby I further agree to comperformance of my duregistered agent.	s registered agent and to ac accept the appointment as r uply with the provisions of a tities, and I am familiar with	cept service of proceed states and it is stated agent and it is stated agent and accept the obligations.	ess for the ab l agree to act o the proper a gation of my p	ove stated in this capacity. ind complete position as
_ huli	ul Dun	-	APRIS	5,1999
-	of Registered Agent)		(Date)	
If signing on behalf of an	entity:			=
(Typed or	Printed Name)	1	(Capacity)	
,	***FILING I	TEE: \$35.00 * * *		

CR2E045(7/97)