

**FILED**

03-01-2001 90016 033 \*\*\*150.00

627908



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>65-0748417</b>	<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
<b>7. Name and Address of New Registered Agent</b>			
(P.O. Box Number is Not Acceptable)			
		<b>FL</b>	Zip Code
erred agent, or both, in the State of Florida.			
ed when reinstating)		DATE	
ate	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director :07, Florida Statutes; and that my name appears in Block 11 or Block 12 if			
2/22/01		(305) 822-9339	
Date		Daytime Phone #	

CR2E034 (10/00)