

**DOCUMENT # P97000027438**  
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|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|                                  |                          |                                       |
|----------------------------------|--------------------------|---------------------------------------|
| 4. FEI Number                    | 59-3435602               | Applied For                           |
|                                  |                          | Not Applicable                        |
| 5. Certificate of Status Desired | <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

7. Name and Address of New Registered Agent

|  |             |
|--|-------------|
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
|  |             |
| City   | FL Zip Code |

|   |  |  |      |
|---|--|--|------|
| SIGNATURE _____   |  |  |      |
| Signature, typed or printed name of registered agent and title if applicable. |  | (NOTE: Registered Agent signature required when reinstating) | DATE |

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

[illegible]

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/99)