COF	PROFIT RPORATION UAL REPORT	X X	DEPARTMENT OF STATE atherine Harris ecretary of State	#6/25FILED 99 OCT -4 AM II: 12
-	1999	DIVISIO	IN OF CORPORATIONS	
		0000 58660	-~,	SECRETARY OF STATE TALLAHASSEE, FLORIDA
<del>001</del>	Circle Auc	710N6662' +		1 FM
rincipal Plac	ce of Business	Mailing Address		-
1000	5. Federal	Highway		h/iDA
Ci. 5	16 JOD	<b>-</b> ,	<b>.</b> 1	DO NOT WRITE IN THIS SPACE
\$ 75 E	uxield Beach	n +c 3341	-	3. Date Incorporated or Qualifed
Principal F	Place of Business	2a. Mailing Addres		07/02/97  4. FEI Number   Applied For
	Kinswood Roa		) 11 - 2 0	05-078/030 Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, er	tc.	5. Certificate of Status Desired Section Fee Required
City & Star BOY N	oton Beach fo	City & State		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees
339	9. Name and Address of C	zip 33434	Country BE	8. This corporation owes the current year Intangible Personal Property Tax. Yes XNo  10. Name and Address of New Registered Agent
   & 00	and Konigs		81 Name	chara I Glick Attorney ATLAW
	S. FEDERA		00 04	Address (P.O. Box Number is Not Acceptable)  37 N. (Mnivers) 47 Drive
5000	te 200	Manway		cite 104
	ILTI EXAMPSEA	ch fl 334	JUL 84 City	85 Zip Code
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I. Pursuant	to the <b>m</b> ovisions <b>of sections</b> 60:	7.0502 and 607.1508, Florida	Statutes, the above-named	corporation submits this statement for the purpose of changing its registered
	\ \(\lambda \) \(\	7.0502 and 607.1508, Florida State of Florida. Such change phligations of, Section 607.050	Statutes, the above-named was authorized by the corpost, Florida Statutes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SNATURE	Signature typeday printed name of register	od agent and title if applicable	(NOTE: Registered Agent signature	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
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Daytime Phone #

SIGNATURE AND TYPED OR MAINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: