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	ROFIT		RTMENT OF STATE		May 15 1	998.8	.00a
	IPORATION JAL REPORT		B. Mortham ary of State		_		
,	1998 . Division of corporations			Secretary of State			
	MENT # P97000	061531 (4)				
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Yincipal Place of Business Mailing Address P.O. BOX 320637 P.O. BOX 320637 COCOA BEACH FL 32832-0637 COCOA BEACH FL 32832-0637				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
Principal Pi	ace of Business	2a. Mailing Address			07/15/1997 4. FEI Number	A	pplied For
Sulte, Apt.	# Atc	26 Suite, Apt. #, etc.			59-3504857	¢0 75	ot Applicable
		27			5. Certificate of Status Desired		Additional equired
City & State		City & State 28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country25	Ζιρ 29	Country 30		 This corporation owes or has paid the Personal Property Tax due June 30. 	Ves [tangible
90	9. Name and Address of Current ALS, ROBERT L ESQ	Registered Agent	81 Nan		10. Name and Address of New Regist	lered Ageni	
	00 WEST HIBISCUS BLVD		82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)		
	THE 138		83				
ME	LBOURNE FL 32901				·······		<u></u>
۹.,			84 City				Code
				ea corpo	ration aubinite the statement of the purp	use or changing r	is registered.
	egisterod agent, or born, in the state of m familiar with, and accept the obligati Signature typed or printed name of registered agent		authorized by the o lorida Statutes.		oration submits this statement for the purp on's board of directors. I hereby accept th d when relinstating)		registered
BNÅTURE	Signature typed or printed name of registered agreet OF FICE RS AND	and title if applicable (NO DRECTORS	116 Registered Agent signe			DATE S AND DIRECTOR	RS IN 12
E	Signature typed or print of name of its patient agent OF EICE ISS AND D KODSI, MAURICE	and tille if applicable (NO	116 Registered Agent signs 13. 1.3 TITLE 1.2 NAME	KO	d when reinstating) C	S AND DIRECTOF	RS IN 12
E E E E E E E E E E E E T ADDRESS	Signature typed or printed name of registered agent OF EICE RS AND	and title if application (NO DIFIE CTORS DELETE	11E Registered Agent signs 13. 1.1 THLE	KO S 92	d when reinstating) ADDITIONS/CHANGES TO OFFICER Dasi, Maurice	SAND DIRECTOR Change Kway 32953	RS IN 12
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