6. Name and Address of Current Registered Agent	
28-11 ARACON BLVD SUNRISE FL 33313 29-11 ARACON BLVD SUNRISE FL 33313 20-11 ARACON BLVD SUNRISE FL 3	ED
28-11 ARACON BLVD SUNRISE FL 33313 29-11 ARACON BLVD SUNRISE FL 33313 20-11 ARACON BLVD SUNRISE FL 3	- AM In: 21
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Conthication of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CROOKS, DUDLEY C 2461-1 ARAGON BLVD SUNRISE FL 33313 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridal Street Address (P.O. Box Number is Not Acceptable) SIGNATURE	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Centrication of Shatus Desired Rama CROOKS, DUDLEY C 2461-1 ARAGON BLVD SUNRISE FL 33313 City Sireet Address (PO. Box Number is Nox Acceptable) City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Provide SUNRISE FL 33313 City 9. This corporation is eligible to satisfy its intangible Tax Hang designement and electra to do so. Alter MAY 17, 2000 Fee will be \$550.00— Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER Trust Fund Contribution. Make Check Payable to Department of State CITY-51-7P TITLE MAKE SIRET ADDRESS CITY	FF ELORIDA
City & State Country Country Country S. Confidence of Status Desired 6. Name and Address of Current Registered Agent CROOKS, DUDLEY C 2461-1 ARAGON BLVD SUNRISE FL 33313 City Sirred Address (P.O. Box Number is Not Acceptable) Sirred Address (P.O. Box Number is Not Acceptable) City City City Sirred Address (P.O. Box Number is Not Acceptable) File Conceptable or present owner of reprised agent and the 4 spokesite Signature Signature Signature Signature Conceptable FILE NOWILI FEE IS \$150.00 After MAY 1; 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICES That Conceptable Signature and box of the present owner of the present owner of the present owner	
65-07 Country Country S. Canhicato of Status Dosired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name CROOKS, DUDLEY C 2461-1 ARAGON BLVD SUNRISE FL 33313 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 9. This corporation is eligible to satisfy its Intangible 7. Tax thing requirement and elocits to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER 11. NAME 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER 11. NAME 11. NAME 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER 11. NAME 11. NAM	IN THIS SPACE
6. Name and Address of Current Registered Agent	Applied For
CROOKS, DUDLEY C 2461-1 ARAGON BLVD SUNRISE FL 33313 2. City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 9. This corporation is eligible to satisfy its intangible - Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER NAME STRET ADDRESS CITY-ST-2P 2461-1 ARAGON BLVD SUNRISE FL 33313 Detele 1111 Detele 1112 Detele 1114 MAKE STRET ADDRESS CITY-ST-2P 1115 Detele 1116 MAKE STRET ADDRESS CITY-ST-2P 1116 Detele 1111 MAKE STRET ADDRESS CITY-ST-2P 1111 Detele	\$8.75 Additional
CROOKS, DUDLEY C 2461-1 ARAGON BLVD SUNRISE FL 33313 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 9. This corporate inspired represent agent and life a separately 9. This corporate inspired spired agent and life a separately 9. This corporate inspired inspired agent and life a separately 9. This corporate inspired inspired agent and life a separately 9. This corporate inspired inspired agent and life a separately 9. This corporate inspired inspired agent and life a separately 9. This corporate inspired inspired agent and life a separately 9. This corporately agent agent agent and life a separately 9. This corporately 9. This corporately agent agent agent and life a separately 9. This corporately 9. This corpor	Fee Required
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioridal SIGNATURE Signature howe or privated name of registered agent and life if applicable (NOTE: Registered Agent applicable required when renotation(s)	
SICNATURE Speaker hypera or printed name of registered agent and life a applicable 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER NAME CROOKS, DUDLEY NAME CROOKS, DUDLEY STREET ADDRESS CITY-ST-2IP ITILE NAME SIREET ADDRESS	FL Zip Code
SIGNATURE Separative hypeod or printed name of registered agent and life if applicable (NOTE Registered Agent agriculars required when renstating) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER NAME STREET ADDRESS CITY-ST-ZIP 11. CROOKS, DUDLEY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Delete 11. NAME CROOKS, DUDLEY STREET ADDRESS CITY-ST-ZIP 11. Delete 11. NAME STREET ADDRESS CITY-ST-ZIP 11. Delete 11. NAME STREET ADDRESS CITY-ST-ZIP 11. NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME	
Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICER 111LE NAME STREET ADDRESS CITY-SI-ZIP SUNRISE FL 33313 CITY-SI-ZIP CITY-SI-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME Delete TITLE NAME	
TITLE Oblite TITLE Oblite TITLE OBLITE OBLIT	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	-0106 Trolling D Additi
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME) ****450.00
CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME	Change Additi
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete Title NAME NAME NAME NAME	
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME	Change Additi
TITLE Delete TITLE NAME	_
CAPEC ADDRESS	
Sinct About 22	☐ Change ☐ Addition
13. I hereby certify that the information supplied with this filing does not qualify for the properties stated in Section 119.07(3)(i). Florida Statutes, I further indicated on this report or supplemental report is true and accurate and that my signature shall have the same level of the same level.	☐ Change ☐ Addri
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate or on an attachment with an address, with all other like empowered. SIGNATURE CLAUDLY CROOKS. UNDERS. (9.	rther certify that the information