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FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

\_\_\_\_\_

DO NOT WRITE IN THIS SPACE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

CR2E034 (11/98)

**SIGNATURE:**

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98  
Date

954-929-2929  
Daytime Phone #

Daytime Phone # \_\_\_\_\_