SEFFNER FT 3934       SEFFNER FT 3934       SEFFNER FT 3934       DO NOT WRITE IN THIS SPACE         2. Principal Place of Business       Ake Rotes       ////////////////////////////////////	plied For t Applicable \dditional quired
Principal Place of Business       Mailing Address         201-VERTATIO TRODO SEFMENT T 30584       3101-VERTATIO TRODO SEFMENT T 30584       DO NOT WRITE IN THIS SPACE         2. Principal Place of Business T1/5330C APL to WRITE IN THIS SPACE       3. Date Incorporated or Qualified 11/18/1997         2. Principal Place of Business T1/5330C APL to WRITE IN THIS SPACE       3. Date Incorporated or Qualified 11/18/1997         3. Date Incorporated or Qualified 11/18/1997       4. FEE Number         3. Date Incorporated or Qualified 11/18/1997       4. FEE Number         3. Date Incorporated or Qualified 11/18/1997       59-3479813         Suite, Apt. #, etc.       Suite, Apt. #, etc.         21       County         22       County         23       J. J	plied For t Applicable \dditional quired
2. Principal Place of Business       1/18/1997         2. Principal Place of Business       ALR & R. (E.         3. Suite, Apt. #, etc.       50         21       27         City & State       28         City & State       29         South, Principal Place of Business       50         City & State       21         City & State       29         Country       29         South Anderess of Current Registered Agent       10. Name and Address of New Registered Agent         SCOTT, JESSICA A       3228 LAS BRISAS DRIVE         Riverview FL 33569       81         Riverview FL 33569       82         Street Address (P.O. Box Number is Not Acceptable)         83       83         84       City City State         10. Name and Address of Course of Socians 607 0502 and 607 1508, Florida Statutes.         11. Pursuant to the provisions of Socians 607 0502 and 607 1508, Florida Statutes.         SIGNATURE       10         Bigaaton. speed or printed name of	t Applicable Additional quired
2. Principal Place of Business       Ake K and Status Address       Applied	t Applicable Additional quired
Suite, Apt. #, etc.       Suite, Apt. #, etc.       5. Certificate of Status Desired       \$8.75 /res         Izit       Image: State S	quired
City & State       City & State       E. Election Campaign Financing       \$5.00         Zip       Country       Zip       Country       Zip       Country       Added to         Zip       Country       Zip       Country       B. This corporation owes the current year Intangible         Personal Property Tax       Personal Property Tax       Yes       Yes       Yes         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       Yes         SCOTT, JESSICA A       3228 LAS BRISAS DRIVE       82       Street Address (P.O. Box Number is Not Acceptable)         RIVERVIEW FL 33569       84       City       FL       65       Zip         11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am familar with, and accept the obligations of, Section 607.0505, Florida Statutes.       Signature, typed or printed name of registered agent and title 4 applicable.       (NOTE Registered Agent signature required when renetating)       Date         Signature, typed or printed name of registered agent and title 4 applicable.       (NOTE Registered Agent signature required when renetating)       Date         Signature, typed or printed name of registered agen	<u> </u>
Zip       Country       Zip       Country       A       A       This corporation owes the current year Intangible         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         SCOTT, JESSICA A       3228 LAS BRISAS DRIVE       81       Name         RIVERVIEW FL 33569       83       84       City       FL       85       Zip of the corporation submits this statement for the purpose of changing its agent, i an familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.       83       84       City       FL       85       Zip of the corporation's board of directors. I hereby accept the appointment as reagent, i an familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.       Note: Registered Agent signature required was remetating)       DATE         Signature, typed or printed name of registered agent and tite if applicable.       (NOTE: Registered Agent signature required was remetating)       DATE         Signature, typed or printed name of registered agent and tite if applicable.       IDELETE       11. TITLE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       Change         13. STREET ADDRESS       210 + VALRICO ROAD       13. STREET ADDRESS       FL + HITA , HL 33SCH 7       Change         <	
9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         SCOTT, JESSICA A       81       Name         3228 LAS BRISAS DRIVE       82       Street Address (P.O. Box Number is Not Acceptable)         83       84       City       FL       85       Zip of         9. Name and Address of New Registered Agent       83       84       City       FL       85       Zip of         9. Name and Address of New Registered Agent       84       City       FL       85       Zip of         9. Name and Address of New Registered Agent       83       84       City       FL       85       Zip of         9. Name and Address of New Registered Agent       84       City       FL       85       Zip of         9. Name and Address of New Registered Agent and the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its of florida. Statutes, the above-named corporation submits this statement for the purpose of changing its of florida. Statutes, the above-named corporation submits this statement for the purpose of changing its of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its of Florida. Statutes, the above-named corporation submi	
SCOTT, JESSICA A         3228 LAS BRISAS DRIVE         RIVERVIEW FL 33569         81         82         83         84         City         84         City         85         86         87         88         88         89         81         82         83         84         City         84         City         85         86         87         88         88         89         89         80         81         82         Street Address (P.O. Box Number is Not Acceptable)         83         84         City         85         Street Address (P.O. Box Number is Not Acceptable)         84         City         85         Street Address (P.O. Box Number is Not Acceptable)         85         Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)         Street Addre	
3228 LAS DRIVAS DRIVE RIVERVIEW FL 33569       83         84       City       FL       85       Zip C         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE       Signature, typed or printed name of registered agent and the if applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         Signature, typed or printed name of registered agent and the if applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         NAME       ACEVEDO, SHELLY       I applicable.       IIITLE       IIITLE         NAME       ACEVEDO, SHELLY       I STREET ADDRESS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         STREET ADDRESS       SEFFNER-FL-33584       III CITY-ST-ZIP       IIITLE       IIITLE         NAME       DELETE       21 STREET ADDRESS       23 STREET ADDRESS       CITY-ST-ZIP         STREET ADDRESS       24 GTY-ST-ZIP       24 GTY-ST-ZIP       IIITLE       IIITLE	<u></u>
B4       City       FL       85       Zip of         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE         SIGNATURE         Signature, typed or printed name of registered agent and tite if applicable.         (NOTE: Registered Agent signature required when reinstating)         DATE         12.       OFFICERS AND DIRECTORS         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR         Intre       OFFICERS AND DIRECTORS         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR         Intre       OFFICERS AND DIRECTORS         ACEVEDO, SHELLY       12.         SEFFINER FL_33584       14 citry-st-zip         Intre         OELETE       2.1 title         2.3 STREET ADDRESS         SEFFINER FL_33584       Change	
Image: Street address       FL         11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         SIGNATURE       Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       1.1 TITLE         ITTLE       D       Interface       Change         NAME       ACEVEDO, SHELLY       1.2 NAME       1.2 Street ADDRESS         '2101-VALRICO ROAD       1.3 STREET ADDRESS       1.5 STREET ADDRESS       1.5 STREET ADDRESS         '2101-VALRICO ROAD       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       1.4 HIIA , J-L 33547         TITLE       DELETE       2.1 TITLE       Change         NAME       STREET ADDRESS       2.3 STREET ADDRESS       2.1 HIIA , J-L 33547         CITY-ST-ZIP       2.1 AMIE       2.3 STREET ADDRESS       2.3 STREET ADDRESS         CITY-ST-ZIP       2.4 CITY-ST-ZIP<	
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ITTLE     DELETE     4.1 TITLE     Change	Addition
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STREET ADDRESS 6.5 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	

SIGNATURE:	Shel	elet u	Hours	138
	SIGNATURE AND	TYPED OR PRINTED N	IAME OF SIGNING OFFICER	RDIRECTOR

<u> 2-5-99</u> Date

873-205-7688 Dayline Phone #