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FELDMAN, KOENIG & HIGHSMITH, P.A.
ATTORNEYS AT LAW
1315 Whitehead Street, Key West, Florida 33040

Robert T. Feldman
Timothy J. Koenig
Robert E. Highsmith

Telephone (305) 296-8851
Fax (305) 296-8575
Fax (305) 292-4877

September 28, 1999

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*****35.00 *****35.00

Secretary of State
Corporate Division
P.O. Box 6327
Tallahassee, Florida 32304

Re: Change of Registered Agent for Abbondanza, Inc.

Gentlemen:

I am enclosing herewith an original and a copy of the Statement of Change of Agent regarding the above -named corporation. Also enclosed is the requisite filing fee in the amount of $35.00.

Please file the original of the enclosed form and return all documents to the undersigned. If you have any comments or questions concerning this, please call me.

Your prompt attention to this matter would be appreciated.

Sincerely,

Laura Brunner

Laura Brunner
for Timothy J. Koenig
/lb
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Charter No. ____________

Date Filed ____________

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: **Abbondanza, Inc.**

   1208 Simonton Street, Key West, Florida 33040

2. The name and address of its present registered agent is:

   CORPORATION INFORMATION SERVICES, INC.
   1201 Hays Street
   Tallahassee, Florida 32301

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TALLAHASSEE, FLORIDA

3. The name and street address to which its registered agent is to be changed is:
   (P.O. BOX NOT ACCEPTABLE)

   Timothy J. Ryan, President
   1007 Simonton Street
   Key West, Florida 33040

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Timothy J. Ryan, President
(Typed or printed name and title)

Signature ____________
(President or Vice President)

Date **July 21, 1999**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name **Timothy J. Ryan**

Signature ____________
(Agent)

Date **July 21, 1999**

CIS 4/92

FILING FEE $35