r				AY 1ST IS	* ×		FIL	ED	
	PROFIT			FLORIDA DEPAR	TMENT OF	STATE))
	RPORATION JAL REPORT		15	Katherin			May 13, 19	777 9: (ju an
				Secretary DIVISION OF CO			Secretary	^v of Sta	ate
	1999 🔗 🔗	VA	$\sim \sim \sim$		VOK		05-13-1999 9002		
DOCUN 1. Corporation	Name Jesl	l bOC jn k	ZNC			-			
							2002 - 10101 - 2002	2 - 19	
Principal Place	e of Business		Mailing /	Adress					•
428	ddle burg	Ro							
0.	Ille hung	FI	320	068			DO NOT WRITE IN 7 3. Date Incorporated or Qualifed	THIS SPACE	
10/1	adicon	•	Ţ	904.28	2-174	5	1-98		
. Principal Pl	ace of Business	aR.L.	2a. Mailin	ng Address	_		4. FEI Number	Ар	plied For
	Sine 428			50-4 -			59-3488216		t Applicable
City & State	Middle bung	FI	27	, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	quired
32.06 Zip			28 Zip-		Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
]	Country		29	3	30		 	ir Intangible	ANO
· · · ·	9. Name and Address		nt Registered	Agent		· · ·	10. Name and Address of New Registe	red Agent	
Jen	Nites L. SAN	aca s		e l	81	Name			
42	Nites L. SAN. 84 BANKS RO	o 14	dolebi	ing Pl	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
				32068	83				
				<u> </u>		0.4			
					84	City			Code
4 Durauant t	4								
office or re	to the provisions of Section	the State	2 and 607.150 of Florida, Suc	8, Florida Statutes	, the above horized by	e-named cor the corporat	rporation submits this statement for the purpos	e of changing its	registered aistered
office or re	egistered agent, or both, in n fapuliar with, and accept	the State	of Florida. Suc tions of, Section	ch change was aut on 607.0505, Florid	horized by a Statutes	the corporat	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered
office or re agent. I an IGNATURE	egistered agent, or both, in n fapuliar with, and accept	the State	of Florida. Suc tions of, Section Town	ch change was aut on 607.0505, Eloric I FCA S Port	horized by la Statutes DCA S	the corporat	rporation submits this statement for the purpos	e of changing its ppointment as re	registered gistered
office or re agent. I an	egistered agent, or both, in n familiar with, and accept Stongure, typed compristed name of r	the State	of Florida. Suc tions of, Section Town	ch change was aut on 607.0505, Floric Inca Inca Note: R S	horized by la Statutes DCA S	the corporat	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a Y 26	e of changing its ppointment as re 5 AND DIRECTO	gistered
office or re agent. I an IGNATURE 2.	egistered agent, or both, in n familiar with, and accept Stongure, typed compristed name of r	the State the obligat	of Florida. Suc tions of, Section Term and write if application ID DIRECTOR	chi change was aut on 607.0505, Eloric Ifca Shar Die (NOTE: R	horized by da Statutes DCA S Legistered Ager 13. 1.1 TITLE	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	e of changing its ppointment as re	gistered
office or re agent. 1 an GNATURE <u>7</u> 2. LE ME	agistered agent, or both, in n fapiliar with, and accept Signature, typed originated name of r OFF PRCSIPCNF JENNIKA L	the State the obligat registered ager ICERS AN	of Florida. Suc tions of, Section Term and write if application ID DIRECTOR	ch change was aut on 607.0505, Floric Inca Inca Note: R S	horized by da Statutes DCA S 13. 1.1 TITLE 1.2 NAME	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	e of changing its ppointment as re 5 AND DIRECTO	gistered
office or re agent. 1 an IGNATURE	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	ch change was aut on 607.0505, Floric Inca Inca Note: R S	horized by da Statutes PCA S legistered Ager 1.1 TITLE 1.2 NAME 1.3 STREE	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	e of changing its ppointment as re 5 AND DIRECTO	gistered
office or re agent. 1 an IGNATURE	agistered agent, or both, in n fapiliar with, and accept Signature, typed originated name of r OFF PRCSIPCNF JENNIKA L	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Section Term and write if application ID DIRECTOR	ch change was aut on 607.0505, Floric Inca Inca Note: R S	horized by da Statutes DCA S 13. 1.1 TITLE 1.2 NAME	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	e of changing its ppointment as re 5 AND DIRECTO	gistered
office or re agent. 1 an IGNATURE 2. 7. 7. 8. 8. 8. 8. 8. 8. 8. 9. 8. 9. 9. 9. 1. 8. 8. 9. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was aut on 607.0505, Eloric (NOTE: R S DELETE	horized by la Statutes <i>PCA</i> S tegistered Ager 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	e of changing its popointment as re 5 AND DIRECTO Change	DRS IN 12
office or re agent. 1 an IGNATURE 3 2. LE ME REET ADDRESS Y-ST-ZIP LE ME	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was aut on 607.0505, Eloric (NOTE: R S DELETE	horized by da Statutes <i>pcA S</i> constered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	e of changing its popointment as re 5 AND DIRECTO Change	DRS IN 12
office or re agent. 1 an IGNATURE <u>-</u> 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	h change was aut on 607.0505, Eloric in (NOTE: R S DELETE DELETE	horized by da Statutes <i>pCA S</i> constered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change)RS IN 12 Addition
office or re agent. 1 an IGNATURE <u>7</u> 2. TLE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was aut on 607.0505, Eloric (NOTE: R S DELETE	horized by da Statutes <i>pcA S</i> constered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	e of changing its popointment as re 5 AND DIRECTO Change	DRS IN 12
office or re agent. 1 an IGNATURE <u>7</u> 2. TLE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	h change was aut on 607.0505, Eloric in (NOTE: R S DELETE DELETE	horized by da Statutes <i>pcA S</i> constered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change)RS IN 12 Addition
office or re agent. 1 an IGNATURE 2. 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was aut on 607.0505, Eloric in 607.0505, Elori	horized by da Statutes <i>pcA S</i> constered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	JRS IN 12
office or re agent. 1 an IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE REET ADDRESS Y-ST-ZIP LE	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	h change was aut on 607.0505, Eloric in (NOTE: R S DELETE DELETE	horized by a Statutes pcA S 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change)RS IN 12 Addition
office or re agent. 1 an IGNATURE 2. 7 7 8 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 7 7 8 8 8 8 8 8 8 7 8	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was aut on 607.0505, Eloric in 607.0505, Elori	horized by a Statutes pcn S 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4. 2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	JRS IN 12
office or re agent. 1 an IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS - Y-ST-ZIP LE ME REET ADDRESS	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was aut on 607.0505, Eloric in 607.0505, Elori	horized by a Statutes DEA S Insistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	T ADDRESS T- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	JRS IN 12
office or re agent. 1 an IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was aut on 607.0505, Eloric in 607.0505, Elori	horized by a Statutes pcn S 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4. 2 NAME	T ADDRESS T- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	JRS IN 12
office or re agent. 1 an IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	the change was autors of 07.0505, Eloricological eloritation 607.0505, Eloricological eloritation 607.0505, Eloritation 607.050	horized by a Statutes DEA S Insistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 5.1 TITLE 5.2 NAME	T ADDRESS T- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP T ADDRESS T- ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	JRS IN 12 Addition Addition Addition Addition
office or re agent. 1 an IGNATURE 2. 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE KEET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	the change was autors of 07.0505, Eloricological eloritation 607.0505, Eloricological eloritation 607.0505, Eloritation 607.050	horized by ta Statutes DEA S Insistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	JRS IN 12 Addition Addition Addition Addition
office or re agent. 1 an IGNATURE 7 2. 7 2. 7 2. 7 2. 7 2. 7 2. 7 2. 7 2.	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was autor 607.0505, Eloric the (NOTE: R CONTERNATION OF CONTERNATION OF CONTENT.	horized by a Statutes DEA S Insistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.3 STREE 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	gistered DRS IN 12 Addition Addition Addition
office or re agent. 1 an IGNATURE 7 2. 7 2. 7 2. 7 2. 7 2. 7 2. 7 2. 7 2.	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	the change was autors of 07.0505, Eloricological eloritation 607.0505, Eloricological eloritation 607.0505, Eloritation 607.050	horized by a Statutes DCA S I 3. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	JRS IN 12 Addition Addition Addition Addition
office or re agent. 1 an IGNATURE 7 2. 7 7 8 7 7 8 7 7 7 7 7 7 7 7 7 7 7 7 7	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the ri applicat ID DIRECTOR	th change was autor 607.0505, Eloric the (NOTE: R CONTERNATION OF CONTERNATION OF CONTENT.	horized by ta Statutes DEA S Insistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	gistered DRS IN 12 Addition Addition Addition
office or re agent. 1 an	agistered agent, or both, in n fapiliar with, and accept Signature, uped originated name of PRCSIPCNF PRCSIPCNF TCNNIFA 4289 Bank	the State the obligation registered ager ICERS AN	of Florida. Suc tions of, Sectio Term M and the r applicat ID DIRECTOR	th change was autor 607.0505, Eloric the (NOTE: R CONTERNATION OF CONTERNATION OF CONTENT.	horized by a Statutes DEALS Institutes DEALS Institutes	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	rporation submits this statement for the purpose tion's board of directors. I hereby accept the a <u>Y</u> 26 red when reinstating)	Change	gistered DRS IN 12 Addition Addition Addition
office or re agent. 1 an IGNATURE 7 2. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	egistered agent, or both, in n familiar with, and accept Storpfore, typed orbining of 1 OFF PRCSIPCNT JCNNIKA L 4289 Bank, Middleburg	upplied wit	th this filing do	Change was autoria of 007.0505, Elorido Change was autoria of 007.0505, Elorido Change was autoria of 0000 (NOTE: R Change was autoria of 0000 (NOTE: R	horized by ta Statutes DCA S 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY-ST 6.4	TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the a <u>Y</u> 266 red when reinstating) DAT ADDITIONS/CHANGES TO OFFICER: Section 119.07(3)(i), Florida Statutes. I further	Change Change Change Change Change	gistered DRS IN 12 Addition Addition Addition Addition Addition
office or re agent. 1 an IGNATURE 7 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	entify that the information superior of the corporation of superior of the corporation of	upplied with polemental or the receiption	th this filing do annual report	th change was aut on 607.0505, Eloric the (NOTE: R CONTERNING DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE Es not qualify for th is true and accura empowered to exe	horized by ta Statutes DEAL 13 11 11 12 13 11 12 14 12 14 12 14 12 14 12 14 12 14 12 14 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 17 12 14 17 17 12 14 17 17 17 17 17 17 17 17 17 17	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	rporation submits this statement for the purposition's board of directors. I hereby accept the a	Change Change Change Change	gistered DRS IN 12 Addition Addition Addition Addition Addition Addition
office or re agent. 1 an GNATURE .E KEET ADDRESS (-ST-ZIP E KEET ADDRESS (-ST-ZIP	ertify that the information s	upplied with polemental or the receiption	th this filing do annual report	th change was aut on 607.0505, Eloric the (NOTE: R CONTERNING DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE Es not qualify for th is true and accura empowered to exe	horized by ta Statutes DEAL 13 11 11 12 13 11 12 14 12 14 12 14 12 14 12 14 12 14 12 14 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 12 14 17 17 12 14 17 17 12 14 17 17 17 17 17 17 17 17 17 17	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the a <u>Y</u> 26 and when reinstating) DAT ADDITIONS/CHANGES TO OFFICER: Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made	Change Change Change Change	gistered DRS IN 12 Addition Addition Addition Addition Addition Addition