DOCU 1. Entity Nam	MENT # <b>P98000</b>			FILED May 16, 2000 8:00 ar Secretary of State 05-16-2000 90104 016 ***150.00
Principal Place of Business Mailing Address				
9535 SE DOUBLETON DRIVE STUART FL 34997		3535 SE DOUBLETON DRIVE STUART FL 34997-5627		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-08 13236 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Desired Status Desired Desired Status Desired Desire
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
PETITT, RICHARD G 3535 SE DOUBLETON DR STUART FL 34997				Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
Tax filing r	Signature, typad or printed name of registered ager pration is eligible to satisfy its Intangib equirement and elects to do so. ia on back) OFFICERS AN	FILE NOV After MAY 1, 2 Make Check Pays	VIII FEE IS \$150.0 2000 Fee will be \$55 able to Department 12.	10. Election Campaign Financing \$3.00 May Be   550.00 Trust Fund Contribution. Added to Fees   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11/10000000000000000000000000000000000
NAME STREET ADDRESS CITY - ST - ZIP	PETITT, RICHARD C 3535 SE DOUBLETON DR STUART FL 34997		NAME STREET ADDRESS	Petitt, Lorraine J. Belint, Lorraine Ralm Dr. Balm City, IFL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PERTITT, BARBARA A 3535 SE DOUBLETON DR STUART FL 34997	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
title Name Street address City-st-zip	VP PETITT, BRIAN M 3535 SE DOUBLETION DR STUART FL 34997	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Petitt, Brian M. Betitt, Brian M. Balm City, FL 34990 Balm City, FL 34990
TITLE NAME STREET ADORESS STTY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME Street address Stry-st-zip		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
IITLE JAME STREET ADDRESS SITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
indicated of the cor	on this report or supplemental report	is true and accurate and tha powered to execute this repo	t my signature shall ha irt as required by Char	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if