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FILED Mar 10, 1999 8:00 am FLORIDA DEPARTMENT OF STATE

AINING	REPORT		Katherine)	ecretai	LYULK	Siaie
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Principal Place	e of Business	Mailing A	Address			110311301 110			
19045 TALQUIN			Louin drive Ssee FL 32310						
TALLAHASSEE	FL 32310	MULLINE	33EE FE 32310				DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporate	d or Qualifed		
0.04.4.10	tone of Division and	2s Maitir	ng Address			03/18/1998 4. FEI Number		/ 	Applied For
2. Principal Pi	lace of Business	26 Mail	ng Address				5005-32		lot Applicable
Suite, Apt.	#, etc.		, Apt. #, etc.			5. Certificate of State		\$8.75	Additional
22		27			<u> </u>				Required
City & State	e — - ·	<u> </u>	& State	-		6. Election Campai	- 11		May Be to Fees
Zip Zip	Country	28 Zip		Country		B. This corporation			
24	25	29	30		حمضست جهد	Personal Proper		Yes	□No
		se of Current Registered	Agent			10. Name and Add	ress of New Regist	ered Agent	
INC	E, CARROLL G			81	Name				
	E, CARHOLL G IS TALQUIN DRIVE			82	Street Addre	ess (P.O. Box Number	is Not Acceptable)		
	AHASSEE FL 32310			83		_			
\								log 73-	Carlo
				84	City			FL I''	Code
11. Pursuant	to the provisions of Secti	ions 607.0502 and 607.150 In the State of Florida. Suc opt the obligations of, Section	8, Florida Statutes,	the above	named corporation	oration submits this star	tement for the purpo	se of changing i	ts registered registered
office or n	egistered agent, or both, m familiar with, and acce	in the State of Florida. Such ant the obligations of Section	on Charles was soun	31200 Dy u	ne corporatio	A . a Dodi o o . un obio, o,	,		1
		pruio omganono or, adda.	un 007.0303, Florida	Statutes.					
SIGNATURE						· · ·		76	
	Signature, typed or printed name	of registered agent and site if applications of the state	ble. (NOTE: Rec			d when reinstating)		TE RS AND DIRECT	
SIGNATURE 12. TITLE	Signature, typed or printed name	of registered agent and title if applica	ble. (NOTE: Rec	stered Agent		ADDITIONS/CHA	DA NGES TO OFFICER	.TE	
12.	Signature, typed or printed name	of registered agent and title if applica	ble. (NOTE: Rec	13. 1.1 TITLE	signature required	ADDITIONS/CHA Oresiden + Carroll G	NGES TO OFFICER	RS AND DIRECT	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name	of registered agent and title if applica	ble. (NOTE: Rec	13. 1.1 TITLE 1.2 NAME 1.3 STREET	agriphire required	ADDITIONS/CHA Oresident Carroll G 19045 Ta	NGES TO OFFICER	RS AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name	of registered agent and title if applica	DIS OPELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET /	ADDRESS	abditions/cha Oresident Carroll G 19045 Ta Tallakessi	NGES TO OFFICER	RS AND DIRECT	ORS IN 12 011/08/00/00/00/00/00/00/00/00/00/00/00/00/
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officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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