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####\$00 A ALFRESCO ST. ####\$00 A RATON FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City &	ŗ.		!	,	UI FEB 12 PM 2:51
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EGAKIS, SPYRIDON I 4924 ALFRESCO ST. BOCA RATON FL 33428 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, byted or primeral and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 After SEPTEMBER 13, 2000 Min, will be \$750.00 Make Check Payable to Department of State 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME LEGAKIS, SPYRIDON I Agent Address of New Registered Agent 7. Name and Address of New Registered Agent Name City City FL Zip Code City FL Zip Code 1. City	City & Sta	ite .	City & State		0001/34113
6. Name and Address of Current Registered Agent Name LEGAKIS, SPYRIDON I 4924 ALFRESCO ST. BOCA RATON FL 33428 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed-evertripiditized dipfin and title if applicable. PILE NOW!!! FEE IS \$55.0.0 (See criteria on back) Trust Fund Contribution. After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33428 TRUE TODICS TRUE TODICS *******500.00 *******500.00 ********500.00 ********500.00 *********500.00 **********	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
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Signature typed or printed from and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9This comporation is eligible to satisfy its lotangible. Tax filling requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 may Be Added to Fees After SEPTEMBER 13, 2000 Min. will be \$750.00 may Be Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME LEGAKIS, SPYRIDON I 4924 ALFRESCO ST. STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME 1 0 0 3 4 5 4 1 - 1 Change Addition ******500.00 ******500.00 ******500 may Be Added to Fees Added to Fees ******500.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. Change Addition ******500.00 *******500.00 *******500.00 *******500.00 *******500.00 *******500.00 *******500.00		1 / needle			
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∞2000 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE DE SPIPE DIN PLE GOIGS - PULS:

Ag /20/00 51-89-010