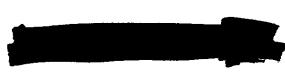
FILED Apr 02, 2002 8:00 am Secretary of State 04-02-2002 90109 011 ***150.00

	200111200 1121 0111 (2211)
DOCUMENT # 1. Entity Name MARIEN CONSULTANT TAKCON SWESTIG	P98000048173 (S. INC. DIC AM LATIONS, THE DIC AM
Principal Place of Business	Mailing Address

P O BOX 606 220 SOUTH F ST LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 04-3614-849



DO NOT WRITE IN THIS SPACE

65-0838951

Zip Ç	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
		و مستوري سوو د		Name		
HODGES, PAUL T 8050 WEST MCNAB RD.; #108			Street Address (P.O. Box Number is Not Acceptable)			
74141010 EL 00004						

Tamarac FL 33321

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. 13004<u>/</u> JAKED

4. FEI Number

B MARCIA

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

Signature, typed or printed name of registered agent and title if applicible

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code 33960

Applied For

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE D □ Delete HODGES, PAUL T NAME NAME STREET ADDRESS 8050 WEST MCNAB RD:, #108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tamarac FL 33321 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 11 other like empowered.

RACELTALLED HOOLES

561 SOO 0883

(9/04)