DOCU 1. Entity Narr	MENT # P980000		ORT (UB	R)	Mar 05 Secret	FILED , 2001 8 ary of 8 1 90346 006 ***		1
Principal Place of Business 4245 WATERMILLAVE ORLANDO FL 32817		Mailing Address 4245 WATERMILLAVE ORLANDO FL 32817						
2. Principal P	Place of Business	3. Mailing Address						
· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.				117 40 111 30 187 8177 80181 1		
Suite, Apt. #, etc.						RITE IN THIS SPACE		_
City & State		City & State			4. FEI Number 59-35146	97	Applied For Not Applicable	3
Zip	Country	Zip	Country		5. Certificate of Status Desired		5 Additional equired	ĺ
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New	Registered Agent		
4245	'Agrossa, ross j Watermill ave. Ando Fl 32817		Street	Address (P.O. Box Number is Not Acceptable)				
			City	<u></u> ,	<u> </u>	FL Zi	o Code	
SIGNATURE . 9. This corpo Tax filing r	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	and title if applicable. (NOTI FILE NOW!	E: Registered Agent signe III FEE IS \$150 101 Fee will be \$	ature required .00 550.00	when reinstating) 10. Election Campaign I Trust Fund Contribu	DATE	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO O	FFICERS AND DIRE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TESTAGROSSA, ROSS J 4245 WATERMILL AVE ORLANDO FL 32817	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Ct	hange 🔲 Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TESTAGROSSA, GIANNINA 4245 WATERMILL AVE ORLANDO FL 32817	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		• • • • • • • •	Cr	nange 🔲 Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV TESTAGROSSA, MICHAEL J 16678 HEMINGWAY DRIVE FORT LAUDERDALE FL 33326	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Cr	nange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TESTAGROSSA, STEVEN P 834 WINGO ST ORLANDO FL 32802	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C (nange 🗋 Addition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		u_	C Cł	nange [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Cr	nange [] Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty or on an attachment with an address, URE:	owered to execute this report	as required by Ch	apter 607,	Florida Statutes; and that my na	me appears in Block	11 or Block 12 if	