(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ITILE AME TAFFE, KENNETH IREET ADDRESS ITY-ST-ZIP TAMPA, FL 3360/ ITILE AME TAFFE, SUSAN TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	SPACE Appl Not Assert Agent	olied For Applicable tional
Principal Placo of Business Suite, Apt. #, etc. Suite, Apt. #, etc. JO NOT WRITE IN THIS	7 Appl Not A \$8.75 Additi Fee Required Agent	Applicable tional
### April Bold Bold	7 Appl Not A \$8.75 Additi Fee Required Agent	Applicable tional
Suite, Apt. #, etc. City & State City & St	7 Appl Not A \$8.75 Additi Fee Required Agent	Applicable tional
City & State Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 7. Name and Address of New Registered 8. Name and Address of New Registered 7. Name and Address of New Registered 8. Name 8. Name 8. Name 8. Name 9.	7 Appl Not A \$8.75 Additi Fee Required Agent	Applicable tional
Alter MAY 1-2000 FEE will be \$50.00 This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Make Check Payable to Department of Status Days of Chry-St-Zip Standard S	\$8.75 Additive Fee Required Agent	Applicable tional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered 7. Name and Address of New Registered 8. Certificate of Status Desired 7. Name and Address of New Registered 8. Street Address (P.O. Box Nurtices) Not Associately 1. Street Address (P.O. Box Nurtices) Not Associate required when recreating 1. Date 1. Street Address (P.O. Box Nurtices) Not Associate agent on the templetory 1. One 1. Street Address (P.O. Box Nurtices) Not Associate agent on the templetory 1. Date 1. Street Address (P.O. Box Nurtices) Not Associate agent, or both, in the State of Florida. 8. Certificate of Status P.F. Street Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associated agent, or both, in the State of Florida. 8. Certificate Address (P.O. Box Nurtices) Not Associa	Fee Required Agent	
Name	7	700
SEMINAL FL. SUSAN Street Andress (P.O. Both Numbers) Not Acceptable) Seminal FL. Susan Florida. City Amfild F. City Amfild	- Zi333	700
SEMINAL FL. 33 176 City Jamph F. City State Office or registered agent, or both, in the State of Florida. Interest Jamph J. City Jamph F. City Jamph F. City State Office or registered agent, or both, in the State of Florida. Interest Jamph J. City Jamph F. City Jamph J. City Jamph	- Zig 330	100
The above named entity submits this statement of the periods of analysis of state of flice or registered agent, or both, in the State of Florida. In this corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)	- Zi 33 31	1001
The above named entity submitted statement of the purpose of changinols asserted office or registered agent, or both, in the State of Florida. GNATURE Signature, typed or printed name of registered agent and title if applicably NOTE Fligstared Agent signature required when reinstalling) DATE Signature, typed or printed name of registered agent and title if applicably NOTE Fligstared Agent signature required when reinstalling) DATE Signature, typed or printed name of registered agent and title if applicably NOTE Fligstared Agent signature required when reinstalling) DATE This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS ARE HAVY 1, 2000. Fee with be \$550.00. Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND INTEREST ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	- <u>331</u>	
Signature, typed or printed name of registered agent and title if applicative. This corporation is eligible to satisfy its Inlangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS I. ADDITIONS/CHANGES TO OFFICERS AND Directors Title I. NAME STREET ADDRESS I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IIILE NAME STREET ADDRESS CITY-ST-ZIP LE SECRETARY IIILE NAME STREET ADDRESS CITY-ST-ZIP LE SECRETARY Delete IIILE NAME STREET ADDRESS CITY-ST-ZIP LE NOW!!! FEE: IS \$150.00 After MAY 1, 2000 Fee with be \$550.00 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP LE NOW!! FEE: IS \$150.00 After MAY 1, 2000 Fee with be \$550.00 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP LE NOW!! FEE: IS \$150.00 After MAY 1, 2000 Fee with be \$550.00 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP LE NOW!! FEE: IS \$150.00 Trust Fund Contribution. 10. Election Campaign Financing Trust Fund Contribution. 11. Election Campaign Financing Trust Fund Contribution. 12. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP LE NAME STREET ADDRESS CITY-ST-ZIP	9 4	00/
Signature, typed or printed name of registered agent and title if applicative. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS I. AMAE STREET ADDRESS I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IITLE ME SECRETARY INTEL INTEL INAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LE ME ME ME ME ME ME ME ME ME	hon	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1-2000 Fee will be \$550.00 Make Check Payable to Department of State I. OFFICERS AND DIRECTORS IIILE NAME STREET ADDRESS IV-ST-ZIP IIILE NAME STREET ADDRESS IV-ST-ZIP LE ME REET ADDRESS V-ST-ZIP LE ME REET ADDRESS CITY-ST-ZIP LE ME REET ADDRESS CITY-ST-ZIP LE ME REET ADDRESS CITY-ST-ZIP LE ME STREET ADDRESS CITY-ST-ZIP LE ME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	[] [] [] [] [] [] [] [] [] []	
1. OFFICERS AND DIRECTORS ILE ME	\$5.00 Added to	May Be to Fees
ME TAFFE KENNETH NAME REET ADDRESS 1/309 E. CUFTON ST TY-S1-ZIP TAMPA CL 3360/ TLE SECRETARY Delete TITLE ME NAME REET ADDRESS 1/4006 STARBOARD DR STREET ADDRESS CITY-S1-ZIP LE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP LE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP LE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP LE NAME STREET ADDRESS CITY-S1-ZIP	D DIRECTORS I	IN 11
TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TILE SECRETARY ME REET ADDRESS TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ME ME REET ADDRESS TY-ST-ZIP TITLE ME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TAMON, CL 3360/ LE SECRETARY Delete TITLE ME NAME STREET ADDRESS Y-ST-ZIP LE Delete TITLE ME STREET ADDRESS CITY-ST-ZIP LE DELE DELET DELET DELET STREET ADDRESS CITY-ST-ZIP LE DELET DELE		İ
ME REET ADDRESS RY-ST-ZIP LE ME REET ADDRESS RY-ST-ZIP REET ADDRESS RY-ST-ZIP REET ADDRESS RY-ST-ZIP REET ADDRESS RY-ST-ZIP	<u>-</u> _	
REET ADDRESS TY-ST-ZIP SEMINOLE CL. 33776 CITY-ST-ZIP TILE ME REET ADDRESS TY-ST-ZIP TILE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE ME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
Delete IIILE MAME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		
ME REET ADDRESS Y-ST-ZIP LE		. Addition
Y-ST-ZIP LE Delete TITLE ME REET ADDRESS Y-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Change	Addition ,
LE Delete TITLE ME REET ADDRESS Y-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		- "
REET ADDRESS Y-ST-ZIP CITY-ST-ZIP	☐ Change	☐ Addition
TY-ST-ZIP CITY-ST-ZIP		
_ _ _		
LE □ Delete □ TITLE	Change	Addition
ME NAME REET ADDRESS STREET ADDRESS		
TY-ST-ZIP CITY-ST-ZIP		
LE Delete TITLE	☐ Change	Addition .
ME NAME REET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		