

FLORIDA DEPARTMENT OF/STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000065227 1. Corporation Name

THE FIFTH COMMANDMENT, INC.

Principal Place of Business

Mailing Address

102 TREE TOPS LANE **ASHVILLE NC 28803**

102 TREE TOPS LANE ASHVILLE NC 28803

FILED

00 FEB 28 AM 11: 47

TATOMASSEE PLOYEDA

REINSTATEMEN

					3. Date Incorporated or Qualified 07/24/1998	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
ZZZI OCEAN CLUB BLUD 26 ZZZI OCKAN C				BUD	65-0976098	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 #/06					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State HOLLYWON, FLORIDA 28 HOLLYWON,				onips		\$5.00 May Be Added to Fees
Zip - 3301	9 25 USA	Zip 33019	30 4		 This corporation owes the current year Intangible Personal Property. 	Yes X No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	ed Agent
0.41	TO BIOLIADO		{	Name .	. •	
BATES, RICHARD 7100 W COMMERCIAL BLVD FORT LAUDERDALE FL 33319				82 Street Address (P.O. Box Number is Not Acceptable) 83		
11. Pursuant office or agent. I :	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was pations of, section 607.0505, F	lorida Statu	by the corpo	reporation submits this statement for the purpose of ration's board of directors." I hereby accept the applications of the purpose of required when reinstating) DATE	changing its registered pointment as registered
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Agent signature	ADDITIONS/CHANGES TO DEFICERS	AND DIRECTORS IN 12
TZ. TTLE	D OFFICERS AF	DELETE	1.1 TITL		1 DIPLOCON (1)	Change Addition
AME .	BATES, RICHARD	DELGIE	1.2 NAM		BATES PLUMAND 2721 OCEAN CLUB BLVD #	A
STREET ADDRESS	102 TREE TOPS LANE		1		ZZZI OCEAN CLUBBLW #	106
	ASHVILLE NC 28803		1.4 CiTY	et zip	HOLLYWOD FE 33019	İ
CITY-ST-ZIP	ASTRIBLE NO 20003	DELETE	2.1 T/TL	-31-217	HOLLYWOOD FE 33019 MUELLER, SIM	Change Addition
NAME		☐ DETE IE	2.2 NAM	F	Mueuer, Jim	Country & Manager
STREET ADDRESS					フバノミ ルバーバノ 5チ	
CITY-ST ZIP			2.4 CITY	.CT.7ID	BOCA RATUN, FL 33431	į
IIILĖ		DELETE	3.1 TITL	Ĕ		Change Addition
		Office in	3.2 NAM	 E	4	
-incel Addiness			3.3 ST85	ET ADDRESS	1.0000033	530311
			3.4 CITY		~U3/U8/UI **********	J=-01106006 35 36 36
IIILE		DELETE	4.1 TITL		10000316 -03/08/0 	Change Addition
			4.2 NAM	E		, ,
			4.3 STR	ET ADDRESS		1
_: 714			4.4 CITY			
	- 1964	DELETE	5.1 TITL		,	Change Addition
			5.2 NAM	e Í		
- LADENS (S)				ET ADDRESS		
			5.4 CITY			ļ
	1	DELETE	6.1 TITL			Change Addition
		L_J OELETE	6.2 NAM			
- 			V.E. 1871	-		
			6 a STDI	ET ADDRESS		_
TO SERVICE SERVICES			6.3 STRI 6.4 CITY	ET ADDRESS		KE

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

9546109763

CR2E034 (5/99)