| | PI | FASE READ | ALL INST | RUCTIO | ONS BEFORE O | COMPLET | ING THIS FORM | И. | | |
|---|---|--|--|---------------------------------------|---|---|---|---------------------|---------------------------------------|--|
| AP REIN | SLATIO | | FLORIDA | A DEPAR Katheri Secretar | TMENT OF STATE ne Harris y of State corporations | | \$** * 1 | ith YOF Su | sat Tions | |
| DOCUMENT # P98000065874 | | | | | | 99 NOV 23 PM 1: 06 | | | | |
| 1. Corpora | | IMERCE, INC. | | | | | | | | |
| Delinations D | ess ar politicis della | | Mailing Addre | | | | | | | |
| Principal Place of Business 330 CLEMATIS STREET. STE. 117 WEST PALM BEACH FL 33401 | | | 330 CLEMATIS STREET. STE. 117 WEST PALM BEACH FL 33401 | | | 1 10 11 10 1 10 10 10 10 10 10 10 10 10 | | | | |
| If above at besses are incorrect in any way, line through incorrect inform 2. New Pring goal Office Address, If Applicable 1929.5 SE OLD TRAIL DR. WEST Suite, April # etc. Suite, April # etc. | | | | | Office Address, If Applicable 4. | | Date Incorporated or Qualified To Do Business in Florida 07/24/1998 | | | |
| City & State | | | City & State | | | 5. FEI Number Applied For Not Applicable | | | Applied For Not Applicable | |
| 301 334 | C | COLUMN DUNTRY DARTIN | Flor | (h)++ | Country | 6. CERTIFICAT | E OF STATUS DESIRED | | onal Fee required licate of Status | |
| | 7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list. Name of Officers Street Address of | | | | | | | | | |
| Title(s) | le(s) and/or Directors | | | 3 | Officer and/or Director | City / State / Zip | | | | |
| D | SHURE, VICTOR | | | 330 CLEM | ATIS STREET, STE. 117 ADD(<i>C</i> SS | WEST PALM BEACH FL 33401 | | | | |
| | | | | 18295 | SE OLD TR | DA. W | Jupiten | FL | 33478 | |
| | | | | | | | 7000030592672 | | | |
| | | | | | | -12/02/9901081004 ****150.00^****150.00 | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | | |
| SHURE, VICTOR 330 CLEMATIS STREET, STE. 117 WEST PALM BEACH FL 33401 | | | | | Street Address (P.O. Box Number is Not Acceptable) 18295 SF OCD TNOIL DR. WEST Suite, Apt. #, Etc. | | | | | |
| | | | | | Situation State Zip Scale 78 | | | | 3478 | |
| 10. I being Signature o Registered | g appointed the re | istored genyof the abo | Thure | ration, am far | niliar with and accept the ol | bligations of Sact | ion 607.0505, F.S. | 1-9 | 79 | |
| this rein owed b | istatement applica y the corporation l | tion, the reason for disso nave been paid and the r | lution has been names of individe | eliminated, thuals in the | e corporate name satisfies | the requirements an exemption un roath. | apter 607 or 617, F.S. I furth s of section 607.0401 or 617 der section 119.07(3)(i), F.S | .0401, F.S., | that all fees | |
| SIGNAT | | TURE AND TYPED OR PRI | NTED NAME OF S | IGNING OFFIC | ICTOR S | ure | 11-1-99 Date | 630 Dâylime Phon |) 4038 | |