FILED May 03, 2000 8:00 am Secretary of State

DOCUMENT # P9900010752

NOFAL, INC.

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S. Name and Address of Current Registered Agent NOFAL, ROBERT C 12 SHAWNEE TRAIL ORMOND BCH FL 32174 B. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, 1995 or printer in 8 in Repeated Agent 1					59-355256		Not Applicable	
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12 SHAWNEE TRAIL ORMOND BCH FL 32174 City Our Feel Color FL 2002 State of Florida. In the above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I - 29 - 00 Determined the purpose of changing its registered office or registered agent, or both, in the State of Florida. I - 29 - 00 Determined the figure of the florida of the it appointment of the purpose of changing its registered of Agent segnature modeled when reinstating) 9. This corporation is eligible to Satisfy its Initiangible Tax filing requirement and elects to do so. After IMAY 1, 2000 Fee will be \$550.00 After IMAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Debte NAME STREET ADDRESS CITY-ST-ZIP TITLE Debte Debte NAME STREET ADDRESS CITY-ST-ZIP TITLE Debte OCHange Addition Change Ch	11051	L DOUERT C		NameRobo	erT NOFAL			
B. 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. 1					Street Address (P.Q. Box Number is Not Acceptable)			
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13. Thereby 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	13. I hereby	certify that the information supplied w	ith this filing does not qualify for the	ne exemption stated i	in Section 119.07(3)(i), Florida Statu	ites. 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 it 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 all other like empowered.

GNATURE:

GNATURE:

SIGNATURE:

1-28-00