DOCUN 1. Entity Name	MENT # P99000		N.	FILED Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90123 010 ***150.00
Principal Place	e of Business	Mailing Address		
99675 OVERSEAS HWY. 99675 OVERSEAS HWY. KEY LARGO FL 39037 A32			4	
			T	
	<u> </u>	3. Mailing Address	·	
2. Principal Place of Business			N	L HERVILLE IN THE TATLE FROM A CONTRACT OF THE REAL PROPERTY AND THE REAL PROPERTY AND THE REAL PROPERTY AND THE
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For
KEY L	ALGO FL	LÉY LACGE	Country	65-0896104 Not Applicable 5 Cartificate of Status Desired \$8.75 Additional
33087		33037	USA	5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
998 7	KER, ANDREW J 'S OVERSEAS HWY. LARGO FL 33037		Street Addre	LALGO FL Zin Code 37
8. The above	named entity submits this statement	for the purpose of changing its	registered office or regi	stered agent, or bôth, in the State of Florida.
SIGNATURE _	Signature, typed or printed range of registered age	ANDREW J. PA	E: Registered Agent signature rec	DENT 10 MAC OD
Tax filing requirement and elects to do so. After MAY 1, 200			III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of	
11.		DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D / Parker, andrew J	Delete	TITLE P	PARKER, ANDERN J Addition
STREET ADDRESS	99675 OVERSEAS HWY.		STREET ADDRESS	
CITY-ST-ZIP TITLE	KEY LARGO FL 33037	Delete	CITY-ST-ZIP TITLE V	KEY LARGO, FL 33037.
NAME Street address City-St-Zip	PARKER, KATHLEEN S 99675 OVERSEAS HWY: KEY LARGO FL 33037-		NAME STREET ADDRESS CITY-ST-ZIP	KEY LARGO, FL 33037. PARKER, KATHLEEN Attition H 101 574'LN KEY LARGO, FL 33037
TITLE		Delete		Change Addition
NAME STREET ADDRESS	5		NAME STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	
TITLE NAME	ξ	Delete	TITLE NAME	Change C Addition
STREET ADDRESS	i i		STREET ADDRESS	
CITY-ST-ZIP	······	Delete	CITY-ST-ZIP	
TITLE NAME	i i		NAME	
STREET ADORESS			STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP TITLE	i	Delete	TITLE	Change Addition
NAME	~~~.	·		
STREET ADDRESS CITY-ST-ZIP	ί · · · ·		STREET ADDRESS CITY-ST-ZIP	
indicated	an this can art as supplemental report	t is true and accurate and that powered to execute this report	my signature shall have t as required by Chapter	n Section 119.07(3)(i). Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if