	ne	INESS REPO 00061969	R)	FILED Jan 14, 2002 8:00 am Secretary of State 01-14-2002 90053 039 ***158.75				
Principal Place of Business 1995 E OAKLAND PARK BLVD SUITE 350 FORT LAUDERDALE FL 33306		Mailing Address 1995 E OAKLAND PARK BLVD SUITE 350 FORT LAUDERDALE FL 33306						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 65-0975195	├	pplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New R	egistered Agent		
- HARRIS, JOHN D			Street /	Address (P.O. I	Box Number is Not Acceptable)		
STE 350	JDERDALE FL 33306		City			FL Zip Coc	de	
Tax filing r (See criter	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 20 Make Check Payal		.00 550.00 at of State	10. Election Campaign Fin Trust Fund Contribution	n. 🗆 Adde	OO May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HARRIS, JOHN D 1995 E OAKLAND PARK BLVD S FORT LAUDERDALE FL 33306	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL	DDITIONS/CHANGES TO OFF	CERS AND DIRECTOR Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JOHN D 26235 HICKORY BLVD, PH C BONITA SPRINGS FL 34134	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		and the state of t	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated of the correction of t	certify that the information supplied with on this report or supplemental report is poration or the receiver of vistee empor or on an attachment with an address. SIGNATURE AND TYPED OR I	n this fitting does not qualify to strug and accurate and that i owered to execute this report with all other like empowered to the struggless of the strugg	as equired by Ch	nave the same apter 607, Flor	119.07(3)(i), Florida Statutes. I legal effect as if made under c ida Statutes; and that my name	further certify that the is that I am an office appears in Block 11 certified (954) 564-	information r or director or Block 12 if	