P99000017901

Haimowitz Associates, P.A.

> 555 S. Federal Hwy., Ste. 330 Boca Raton, FL 33432

Office Use Only	

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	•
(Corporation Name) 2.	(Document #) 000030664205 -12/10/9901041007 *****35.00 *****35.00
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up tin	ne Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger AECRE AHCR FC OF NOT NOT NOT NOT NOT NOT NOT
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

al - and arrigad	provisions of sections corporation organized	d under the laws of th	e State ofFlorid	a	
submits the follo the State of Flori	wing statement in ord ida.	ler to change its regis Buŷ Direct Pro	tered office or registe	ered agent, or	· both, in
1. The name of t	he corporation is:				
2. The mailing a	ddress of the corporat	ion is: 1140 I	Solland Drive, St	ite 4	
Boca Rat	on, FL 33487				
3. Date of incom	poration/qualification	: 8/27/99	Document number	er:	
	daddress of the curren			-	
_	Alan J. St	rauss		_	
•	22917 Roya	al Crown Terrace		_ .	FO 5
•	Boca Rator	n. FL 33433		_	Eg
5. The name an	d address of the new r	egistered agent and o	ffice: (P. O. Box Not.	Acceptable)	H.
	Sylvia S.			_	55
	1140 Holl	and Drive, Suite	4		EFG
	Boca Rato	n. FL 33487	·		710
The street addingent, as change	ess of its registered o	ffice and the street ac	ldress of the business	office of its	registered
Such change wanthorized by	as authorized by results beard	lution duly adopted	y its board of directo	is or by an or	Incer so
			<u>. </u>	2/4/	99
(Signifur	of an officer, chairman or u	vice chairman of the board)		(Date)	
Svlvia S.	Strauss, Presid	lent			
	(Printed or typed nan	ne and title)	-vian of propers for t	he ahove state	ed
Having been to corporation, I further agree performance to	named as registered a hereby accept the ap to comply with the p of my duties, and Lam	gent and to accept se pointment as register provisions of all statu I familiar with and ac	rvice of process for a red agent and agree to les relative to the pro cept the obligation of	o act in this c per and comp f my position	apacity. olete as
registered age	ent. O	,	12	14-1	99
- July	(Signature of Registered Ag	ent) Sylvia S. Str	auss (Date)		
I signing on boh	alf of an entity;				
	(Typed or Printed Name)		(Capa	city)	
	*	* * * FILING FEE:	\$35.00 * * *		

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAMASSEE, FL 32314