Zip     Country     Zip     Country     5       6. Name and Address of Current Registered Agent     7.       6. Name and Address of Current Registered Agent     7.       Name     Name       5913 Ackard Avenue     Street Address (P.O.       Cocoa, F1. 32927     City       8. The above named entity atom's this patement is the aurgose of changing its registered office or registered agent and litle if applicable     Fille NOWIII FEE is \$150.00       SIGNATURE     Street of o so.     Fille NOWIII FEE is \$150.00       9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.     Fille NOWIII FEE is \$150.00       After MAY 1, 2000 Fee will be \$550.00     Make Check Payable to Department of State	May 19, 2000 Secretary of 05-19-2000 90099 024*	State
5913 Ackard Avenue Cocoa, F1. 32927     5913 Ackard Avenue Cocoa, F1. 32927       2. Principal Place of Business     3. Mailing Address       Suite, Apt. #, etc.     Suite, Apt. #, etc.       City & State     City & State       Zip     Country       Suite, Apt. #, etc.     Suite, Apt. #, etc.       City & State     City & State       Zip     Country       Suite, Apt. #, etc.     Street Address of Current Registered Agent       T     Kennedy, Robert L.       S913 Ackard Avenue     Street Address (PO.       Cocoa, F1. 32927     City & State       Street Address of Current Registered Agent     Tr       Kennedy, Robert L.     Street Address (PO.       Street Address of Current Registered Agent     Tr       City & State     City & State       Street Address of Cocoa, F1. 32927     City ////////////////////////////////////		
Suite, Apt. #, etc.     Suite, Apt. #, etc.       City & State     City & State       Zip     Country     Zip       6. Name and Address of Current Registered Agent     7.       Kennedy, Robert L.     Street Address of Current Registered Agent     7.       Street Address of Current Registered Agent     Name       Suite, Apt. #, etc.     Name       6. Name and Address of Current Registered Agent     7.       Kennedy, Robert L.     Street Address (PO.       5913 Ackard Avenue     Street Address (PO.       Cocoa, F1. 32927     City       8. The above named entity thinks this datement if the surges of changing to Talistered office or registered if       Street Address (PO.       Street Address (PO.       Street Address (PO.       Street address of printed nameduation and their supplaate       9. This corporation is eligible to satisfy its Intangible       Tax filing requirement and elects to do so.       (Bee entretia on back)     Street Address       11.     OFFICERS AND DIFIECTORS       12.     The       Name     Street Address       Street Address     City - Str.2P       Titte     Delete     Thte       Name<	C0095898	
City & State   City & State   4     Zip   Country   Zip   Country   g     6. Name and Address of Current Registered Agent   7.     Kennedy, Robert L.   S913 Ackard Avenue   Street Address (PO.     Cocoa, F1. 32927   City & State   1     8. The above named entity forms this datement by the purpose of changing to registered office or registered to Street Address (PO.   City     8. The above named entity forms this datement by the purpose of changing to registered office or registered to Street Address (PO.   NOTE Registered Agent signaluse required the strengtheet agent and the tappicable     9. This corporation is eligible to satisfy its Intangible Tax filing requirement address to do so.   Street Registered Agent signaluse required the strengtheet agent and the tappicable     9. This corporation is eligible to satisfy its Intangible Tax filing requirement and belocits to do so.   Street Registered Agent signaluse required the strengtheet agent and the tappicable to Department of State     11.   OFFICERS AND DIRECTORS   12.     12.   Mater Mark 1, 2000. Fee will be \$350.00   Mater Address Crock Psyciole to Department of State     13.   OFFICERS AND DIRECTORS   12.     14.   OFFICERS AND DIRECTORS   12.     15.   Street Address   City -5.2P     17.   OFFICERS AND DIRECTORS   11.     18.   Orego , F1: 32927   Intte  <		
Zip     Country     Zip     Country     5       6. Name and Address of Current Registered Agent     7.     Name       Kennedy, Robert L.     Syl3 Ackard Avenue     Street Address (PO.       Cocoa, F1. 32927     City     City       8. The above named entity from this faitement for the purpose of changing its Polistered office or registered its of applicable     File NOWIII FEE IS \$150.00       SIGNATURE     Street Address (PO.     City       9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.     File NOWIII FEE IS \$150.00       (Gee criteria on back)     Si     The Cocoa, F1. 32927       11.     OFFICERS AND DIPECTORS     12.       Make Check Payable to Department of State     Street Address       Street Address     City : State     The NAME       Street ADDRESS     City : State     City : State       Street ADDRESS     City : State	DO NOT WRITE IN THIS SPACE	Ξ
	FEI Number 59-3601133	Applied For Not Applicable
Kennedy, Robert L.   Street Address (PO     5913 Ackard Avenue   Street Address (PO     City   City     8. The above named entity forms this fatement for the purpose of changing is registered office or registered is     SIGNATURE   Street Address (PO     9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   Generation is eligible to satisfy its intangible Tax filing requirement and elects to do so.     9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   File NOWII FEE is \$150.00     11.   OFFICERS AND DIRECTORS   12.     12.   Make Check Payable to Department of State     13.   OFFICERS AND DIRECTORS   12.     14.   D   Street Address (CITY-ST-2IP     15.   Cocoa, FI'. 32927   CITY-ST-2IP     17.   OFFICERS AND DIRECTORS   12.     18.   Street Address   Street Address     19.   OFFICERS AND DIRECTORS   12.     11.   OFFICERS AND DIRECTORS   12.     12.   Make   Street Address     13.   OFFICERS AND DIRECTORS   12.     14.   NAME   Street Address     15.   Cocoa, FI'. 32927   ITLE     17.   Street Address   CITY-ST-2IP     17.   Delel	Certificate of Status Desired Status	<b>5</b> Additional Required
Kennedy, Robert L.     Street Address (P.O.       S13 Ackard Avenue     Street Address (P.O.       City     City       B. The above named entity forms this detement for the surgess of changing is relistered office or registered is       SIGNATURE     Street Address (P.O.       SIGNATURE     Street Address (P.O.       SIGNATURE     Street address (P.O.       Street address of primed named instruction is eligible to satisfy its Intangible     File NOWIII FEE IS \$150.00       After MAY 1, 2000 Fee will be \$550.00     Make Check Payable to Department of State       ITLE     D     Make Check Payable to Department of State       ITLE     D     ITLE       NAME     Street Address     City .ST.2P       Cocoa, F1: 32927     City .ST.2P     City .ST.2P       ITLE     Delete     ITLE       MAME     Street Address     City .ST.2P       Cocoa, F1: 32927     City .ST.2P     City .ST.2P       ITLE     Delete     ITLE       MAME     Street Address     City .ST.2P       ITLE     Delete     ITLE       MAME     Street Address     City .ST.2P       ITLE     Delete     ITLE	Name and Address of New Registered Agent.	
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City       8. The above named entity forms this datement to the purpose of changing is glistered office or registered as a structure sequend agent and title if applicable       SIGNATURE       Junities, typefor printed named in particle sequences agent and title if applicable       9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       11.     OFFFICERS AND DIRECTORS       12.     Atter MAY 1, 2000 Fee will be \$550.00       Make Check Payable to Department of State       11.     OFFFICERS AND DIRECTORS       12.     Atter MAY 1, 2000 Fee will be \$550.00       Make Check Payable to Department of State       13.     OFFFICERS AND DIRECTORS       14.     Delete       NTHE     Delete       Statef ADDRESS     City St.21P       CITY-ST-2IP     Cocoa, F1: 32927       ITHE     Delete       NAME     Street ADDRESS       CITY-ST-2IP     City St.21P       ITHE     Delete       ITHE     NAME       Street ADDRESS     Street ADDRESS       CITY-ST-2IP     City St.21P       ITHE     Delete       ITHE     NAME       Street ADDRESS	s (P.O. Box Number is Not Acceptable)	
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D     Delete     TITLE       VAME     Kennedy, Robert L.     5913 Ackard Avenue     STREET ADDRESS       STREET ADDRESS     5913 Ackard Avenue     STREET ADDRESS       COCOA, F1: 32927     City-st-zip       ITTLE     Delete     HILE       VAME     STREET ADDRESS     City-st-zip       STREET ADDRESS     City-st-zip     ITLE       VAME     STREET ADDRESS     City-st-zip       NTLE     Delete     ITILE       VAME     STREET ADDRESS     City-st-zip       NTLE     Delete     TITLE       VAME     STREET ADDRESS     City-st-zip       NAME     STREET ADDRESS     STREET ADDRESS       City-st-zip     City-st-zip     City-st-zip       ITLE     Delete     TITLE       VAME     STREET ADDRESS     STREET ADDRESS <th>10. Election Campaign Financing</th> <th><b>\$5.00</b> May Be Added to Fees</th>	10. Election Campaign Financing	<b>\$5.00</b> May Be Added to Fees
NAME   Kennedy, Robert L.   NAME     STREET ADDRESS   5913 Ackard Avenue   STREET ADDRESS     CUTY-ST-ZIP   Cocoa, F1'. 32927   City-st-ZiP     IIITLE   Delete   IITLE     NAME   STREET ADDRESS   STREET ADDRESS     STREET ADDRESS   STREET ADDRESS   STREET ADDRESS     CITY-ST-ZIP   Delete   IITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     IIITLE   IIITLE   NAME     STREET ADDRESS   CITY-ST-ZIP     IIITLE   IIITLE   NAME     STREET ADDRESS   STREET ADDRESS     CITY-ST-ZIP   IIITLE     NAME   STREET ADDRESS     CITY-ST-ZIP   IIITLE     NAME   STREET ADDRESS     CITY-ST-ZIP   IIITLE     NAME   STREET ADDRESS     CITY-ST-ZIP   IIITLE<	A DDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11
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TLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cr	hange Addition
3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the sam of the corporation or the receiver or trustee endowered to execute this report as required by Chapter 607. Floc changed, or on an attachment with an address, withall other like empowered.	119.07(3)(i), Florida Statutes. I further certify tha legal effect as if made under oath; that I am an o ida Statutes; and that my name appears in Block	It the information officer or director k 11 or Block 12 if