DOCUMENT # . 799000098672				Mar 14, 2000 8:00 an Secretary of State			
Melrose Surveying and	Mapping, Inc.				000 90061 037 ***1		
Principal Place of Business	Mailing Address						
			ł				
2. Principal Place of Business	3. Mailing Address	···-					
4210 Northwest 10th St Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	City & State	·	_	4. FEI Number		Applied For	
Coconut Creek, Florida			ida	65-0961042		Not Applicable	
Zip Country 33066 U.S.	Zip 33066	Country U.S.		5. Certificate of Status Desired	d S8.75 A		
6. Name and Address of Current F	<u> </u>			7. Name and Address of New	<u></u> _		
•		Name Will	liam	J. Melrose IV			
William J. Melrose IV 4210 Northwest 10th Street			et Address (P.O. Box Number is Not Acceptable) 2.10 Northwest 10th Street				
Coconut Creek, FL 33066			Coconut Creek				
		City			FL Zip Co	de 66	
8. The above named entity submits this statement for SIGNATURE  Signature, typed or project name of registered agent at 19. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	William J nd title if applicable. (NOTE: F	Melros Registered Agent signatu FEE IS \$150.0 Fee will be \$5	36 IV ure required v 00 550.00	// President when remstating)  10. Election Campaign Trust Fund Contribu	2/28/00 DATE Financing \$5.	OO May Be	
11. OFFICERS AND [	"我们是我们," "是最新的的是心理是小生物,因为	12.	是和政治的企	ADDITIONS/CHANGES TO O	FEICERS AND DIRECTO	RS IN 11	
TITLE	☐ Delete	TITLE	Pre	esident	☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	Wil 421	liam J. Melros O Northwest 10	Oth Street	_	
TITLE	□ Delete	TITLE		conut Creek, Fi cretary	Lorida 330b)	Addition	
NAME STREET ADDRESS CITY- ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		liam J. Melros	_ *		
TITLE	☐ Delete	TITLE	Tre	easurer	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	ľ	lliam J. Melros	se IV		
TITLE	☐ Delete	TITLE		· <del></del>	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME . STREET ADDRESS CITY-ST-ZIP  13. Thereby certify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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 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.

SIGNATURE: \_

William J. Melrose IV

2/28/00

(954)974-9005