DOCUMENT # P9  1. Entity Name  LANd-Map	9000/01/ SEAFOODIN	) <b>89</b> L.	\$6/PRED
	<u> </u>		00 JUN -5 PM 12: 40
Principal Place of Business (0/8/52.10 N. LAUderd4/e	Hailing Address  Low T  Lorida 3300	68	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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 Applied For Not Applied For Not Applied For
Zip Country (/·S·A·	Zip	Country	5. Certificate of Status Desired See Required
6. Name and Address of C	Current Registered Agent	Name P/	7. Name and Address of New Registered Agent
MArtin- A. LE	00	· (n)	hristopher Landon Nowell dress (P.O. Box Number is Not Acceptable)
	•	10	31 Sw. 10th Court.
,		City.	LANDOCALE FL 30 Sode 8
SIGNATURE Signature Apped or printed name of register	Tod agent and title if applicable. (NO	TE: Registered Agent signature re	registered agent, or both, in the State of Florida.  FL 75008  registered agent, or both, in the State of Florida.
SIGNATURE C. Jandson	red agent and title if applicable. (NO tangible FILE NOW After MAY 1, 2		registered agent, or both, in the State of Florida.  FL Fig Code Social  registered agent, or both, in the State of Florida.  Frequired when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.
SIGNATURE  Signature Fixed or printed name of register  9. This corporation is eligible to satisfy its International Tax filling requirement and elects to do so (See criteria on back)  11. OFFICER  TITLE FD. MACTIN A. LE	red agent and title if applicable. (NO tangible FILE NOW After MAY 1, 2 Make Check Paya IS AND DIRECTORS	TE: Registered Agent signature of the second	registered agent, or both, in the State of Florida.  Pregistered agent, or both, in the State of Flori
SIGNATURE  Signature Fixed or printed name of register  9. This corporation is eligible to satisfy its International Tax filling requirement and elects to do so (See criteria on back)  11. OFFICER	red agent and title if applicable. (NO tangible FILE NOW After MAY 1, 2 Make Check Paya IS AND DIRECTORS	TE: Registered Agent signature of the second	registered agent, or both, in the State of Florida.  The required when reinstating)  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.  The required when reinstating is a state of Florida.
9. This corporation is eligible to satisfy its Interpretation of the satis	red agent and title if applicable. (NO tangible  After MAY 1, 2 Make Check Paya SS AND DIRECTORS  Delete  AV.	TIE: Registered Agent signature re  IIII FEE IS \$150.00  DOD Foe Will be \$550  ble to Department of  12.  TITLE P. D  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State of Florida.    S - S 0 - 90
SIGNATURE Signature Fiped or printed name of register  9. This corporation is eligible to satisfy its Interpretation of the satisfy inte	red agent and title if applicable. (NO tangible FILE NOW After MAY 1, 2 Make Check Payars AND DIRECTORS Delete	TE: Registered Agent signature re  FILE IS \$150.00  DOD Fee will be \$550  Dible to Department of  12.  TITLE P. D.  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  -STREET ADDRESS	registered agent, or both, in the State of Florida.  The Code of State of Florida.  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition of Trust S.w. 10th Cowf  N. Lauderdale FL. 33068  Change Addition
SIGNATURE Signature Production of register Signature Production of register Signature Production of Printed name of register Signature Production of Printed name of register Signature Production of Printed Policy (See criteria on back)  11. OFFICER MARTIN A LE 473 NE 1572  STREET ADDRESS CITY-ST-ZIP	red agent and title if applicable. (NO tangible   FILE NOW After MAY 1, 2 Make Check Paya IS AND DIRECTORS Delete AV. Dalete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of Florida.    Social State   Social State   Social State