19	RATION REPORT 96	Sandi Secr	PARTMENT OF STATE ra B Mortham etary of State DE CORPORATIONS		
DOCUME 1. Corporation Nan G.B. MOLI	ne	(4)	7,802	i iddikala iku kibik dakan kinak kin	D) (ABL BJEK) BJEK BJEN BJEN BJEN BJEN BJEN JOE
Principal Place of Bi 5275 NW 96TH AV SUNRISE FL 3335	Æ	Mailing Address 5275 NW 96TH AVE SUNRISE FL 33351			
Principal Place o	f Rusinass	0. 16-1		 Date Incorporated or Qualified 12/21/1990 	3a. Date of Last Report 04/14/1995
1		2a. Mailing Address		4. FEI Number 65-0233849	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25 Name and Address of Current I	Ζφ 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s 199.032,
		regional angulit	81 Name	10. Name and Address of New F	Registered Agent
BEKI, GEORG 5275 NW 967			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
SUNRISE FL			83		
			84 City		
I Duranget to the	provinciona of Continue Co.7 CC.00		,		85 Zip Code
		od 60.7.3.500. Florido Pere a			FL 5
or registered age familiar with, and	provisions of Sections 607,0502 are ent, or both, in the State of Florida. I accept the obligations of, Section	nd 607.1508, Florida Statut Such change was authoriz -607.0505, Florida Statutes	es, the above named corpored by the corporation's boa	oration submits this statement for the pur ard of directors. Thereby accept the appl	· ·
tam⊯ar with, and SIGNATURE	i accept the obligations of, Section	607.0505, Florida Statutes	s.	and or directors. Thereby accept the appoint	· ·
famear with, and SIGNATURESignature	if accept the obligations of, Section e. typed or printed name of registered against and	607.0505. Florida Statutes	5. 7th Engistered Agent signature regum	et where recessing.	pose of changing its registered office bintment as registered agent. I am
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04.04.96. 822-4639 Date: Chapterie Prairie #

SIGNATURE: BEKE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR