PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATIOI STATEMEN	(724		\$	Jim S Secretary	MENT OF mith of State				FILED SEP -9 AM 7: S CRETARY OF STA LLAHASSEE, FLOR		
1. Corpora	JMENT # Ition Name d P. Honra									ATENENT		
6 Hopson Street 6				6 Hopson	3. Mailing Office Address 6 Hopson Street Suite, Apt. #, etc.			99-62				
City & State Jacksonville Beach, FL Zip Country 32250 USA			City & State Jacksonville Beach, FL Zip Country 32250 USA				To Do Business in Florida 02/07/1991 5. FEI Number Applied For S93022966 Additional Fee required for a Certificate of Status					
	7. Name and Address of Current Registered Agent Name David Paul Honrath Street Address (P.O. Box Number is Not Acceptable) 6 Hopson Street -09/13/0201052009 Suite, Apt. #, Etc. ****1208.75 City Jacksonville Beach State FL State Zip Code FL 32250											
8. I, being Signature of Registered		istered age	P	re napried cyrpo		/_	accept the ob	bligations of section		9/6/J	CR2E081 (9/01)	
9. Names	and Street Addre	sses of Ead	ch-Officer and	or Director (Flo	rida nonprof	it corporations r	must list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip			
D	David Paul Honrath				6 Hopson Street				Jacksonville Beach, FL 32250			
4												
				 -								
10. SIGNAT		TURE AND	O V) much	SIGNING OFFI	ICER OR DIRECT	OR		9/6/.	2 904-96; Daytime Phone		