COF	E NOW: FILING FEE PROFIT RPORATION JAL REPORT 1996	FLORIDA DEPAR Sandra I Secreta	S \$225.00 RTMENT OF STATE 3. Mortham ry of State CORPORATIONS		
1. Corporatio	MENT # S481 9 N GROUP, INC.	95 (9)			
Principal Place	e of Business % P. KENT E-HOLMAY-#740-	Mailing Address	P. KENT	3. Date Incorporated or Qualified 3a, Date of Las. Report	
21 600	ace of Business	2e, Mailing Address	R 542	04/26/1991 01/30/1995 4. FEI Number Applied For 65-0339596 Not Applica	
Suite, Apt.	nil I	27 Suite, Apt. #, etc	rit I	5. Certificate of Status Desired Status Desired Status Desired Fee Required	
23 DW	DEE. FL.	28 DUNDE	E. FL.	6. Election Campaign Financing Trust Fund Contribution	
24 33E	38 25 USA	29 33 B. 38	Couptr 30 USA	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes XNo	{
	9. Name and Address of Curre		B1 Name	10. Name and Address of New Registered Agent	
HADRIN 13 20-0: MANI-F	Q; 		82 Street Artor 83	THN BLACK SUO SAN, REMO AUG. SUITE 125	
11. Pursuant t or register familiar wt SterNATURE	a the provisions of Sections 607.050; ad agent or both, in the State of Flori h, and accept the obligations of Sec Sector of printed name of registered agen	Flar	B4 Ct 2008 the above-named corpor by the corporation's boar	ALCARS FL 85 Zp. Code 233/4 ration submits this statement for the purpose of changing its registered of rd of directors. I hereby accept the appointment as registered agent. I am	
12. TITLE	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	795)
NAME	KENT, PATRICIA		1. 1 TITLE 1.2 NAME	🗋 Change 🔲 Additio	2E034 (12/95)
STREET ADDRESS CITY - ST - ZIP	620 S.R. 542 #1 DUNDEE FL 33838		1.3 STREET ADDRESS		EG
TITLE		DELETE	2 1 TITLE	Chang- Additio	
NAME STREET ADDRESS			2.2 NAME 3 2.3 STREET ADDRESS		
CITY-ST-ZIP THLE		DELETE	2 4 CITY - ST - ZIP 3. 1 TITLE	Change C Additio	
			3 2 NAME	Change Addition	'
STREET ADDRESS CITY+ST-ZIP			3.3 STREET ADDRESS 3.4 CiTY - ST - ZiP		
TITLE		DELE1E	4. 1 TITLE	Change Addition	1
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	44 CITY-ST-ZIP		
NAME			5 1 THLE 5.2 NAME	🛄 Change 📋 Addition	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 5 1 TITLE	Change Addition	
NAME STREET ADDRESS			6.2 NAME		
CHTY - ST - ZIP			6 3 STREET ADDRESS 6.4 CITY-ST-ZIP		
oath; that I	am an officer or director of the cornor	ation of the receiver or trustee or	report is true and accurate	r the exemption stated in Section 119.07(3)(k), Florida Statutes. I further e and that my signature shall have the same legal effect as if made under report as required by Chapter 607, Florida Statutes; and that my name	
appears in E		in an anachment with an address		KENTH 249 - 941-324 740	8