## FILED Feb 07, 2002 8:00 am

Zip Country Zip Country 5. Certificate of Status Desired S.8.75 Additional Foo Required Agent 7. Name and Address of New Registered Agent Pool Pool Pool Pool Pool Pool Pool Poo	1. Entity Nan	MENT # \$590 REALTY, INC.	12			Secretary 02-07-2002 90321	of St	ate	
SOUR A CONTROL OF SAME Place of Business	Principal Plac	ce of Business	Mailing Address						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	SAINT PETE		LONDON. ONTARIO N6H2R			I INDUINIA IRI RIVER KANIK BEKAR KERERUKEN BEK	il Bibli blair bibli	Brair Brain (Ba)	
City & State  City & State  City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sine Additional File State Desired  Sine Additional File State Desired Agent  T. Name and Address of New Registered Agent  Name  Sine Address (P.O. Box Number is Not Acceptable)  Sine Address (P.O. Box Number is Not Acceptable)  Sine Address of New Registered Agent  City  FL  Zip Code  City	2. Principal F	Place of Business	3. Mailing Address			!			
Zip Country Zip Country S. Certificate of Status Desired S. 75 Additional Foo Require Roo Regular Foo Require S. Stroot Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1 Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Second   S	City & Stat	e	City & State	City & State			<del> </del>	pplied For	
GODDARD, FRANK W. 2959 FIRST AVE NORTH ST PETERSBURG FL 33713  8. Trig above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	Zip Country		Zip	Zip Country		Certificate of Status Desired \$8.75 Additional			
GODDARD, FRANK W. 2858 FIRST AVE NORTH ST PETERSBURG FL 33713  City FL Zip Code  Cit		6. Name and Address of Curren	t Registered Agent		7. 1	Name and Address of New Registere			
2959 FIRST AVE NORTH ST PETERSBURG FL 33713  City FL Zip Code  Cit				Name	Name				
B. This above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  MAME  SIREFLADRISS  CITY-S1-2P  LONDON, ONTARIO  Delete  TITLE  NAME  SIREFLADRISS  CITY-S1-2P  TITLE  CITY-S1-2P  TITLE  CITY-S1-2P  TITLE  NAME  SIREFLADRISS  CITY-S1-2P  TITLE  CITY-S1-2P  TITLE  SIREFLADRISS  CITY-S1-2	•			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
8. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Si	ST PETERSBURG FL 33713				·				
SIGNATURE  Signature. Typed or primed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE  VSD UNDON, ONTARIO  TITLE  VSD UNDON, ONTARIO  TITLE  NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE TITL				City		F	Zip Cod	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS STREET ADDR	9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE N  After May			OW!!! FEE IS \$150.00 I, 2002 Fee will be \$550.00		10. Election Campaign Financing \$5.00 May Be			
NAME STREET ADDRESS CITY-ST-ZIP  NORGAARD, OLE 98 GEORGIA RD LONDON, ONTARIO  STREET ADDRESS CITY-ST-ZIP  VSD BURNS, CATHERINE A. 98 GEORGIA RD LONDON, ONTARIO  STREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				12.	AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address	NORGAARD, OLE 98 GEORGIA RD	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
TITLE         Delete         TITLE         Change         Ad           NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Ad           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Ad           TITLE         Delete         TITLE         CITY-ST-ZIP         Change         Ad           NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CHANGE         Ad           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CHANGE         Ad	NAME STREET ADDRESS	BURNS, CATHERINE A. 98 GEORGIA RD	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CHANGE NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP	NAME SIREET ADDRESS		☐ Delete	NAME STREET_ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			Change	Addition	
THE TOUR THE	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
NAME  STREET ADDRESS  CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 direct of the control of th	STREET ADDRESS City-St-Zip		☐ Delete	STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	