DOCUT	MENT # S6700 ENTERPRISES, INC.)6	EMDE	07-02-2002 90811 027 ****61.75
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Principal Place 4301 W. VINE : KISSIMMEE FL	STREET	Mailing Address 4301 W. VINE STREET KISSIMMEE FL 34746		SECRETARY OF STATE TALL AHAS SET TESTION
. Principal Pla	ace of Business	3. Mailing Address		
Suite, Apt. #	. etc			
·		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-3077615 Applied For
. Zip	Country	Zip	Country	Not Applicable
	6. Name and Address of Current F	Registered Agent	<u> </u>	5. Certificate of Status Desired 50.75 Additional Fee Required 7. Name and Address of New Registered Agent
alequin, fi			Name	And the second of the Mediatered Agent
,	ING MOSS RD		Stree	Address (P.O. Box Number is Not Acceptable)
orlando f	L 32807			
	•			
The above na	amed entity submits this statement for t	the purpose of changing its	City s registered office	FL Zip Code
This corporat	nature, typed or printed name of registered agent and tion is eligible to satisfy its Intermible	d title if applicable. (NOT	s registered office	or registered agent; or both, in the State of Florida. Blue recalled when renstance) DATE
This corporat	nature, typed or pirated name of repatered agent and tion is eligible to satisfy its intangible ulrement and elects to do so. on back)	FILE NOW After May 1, 20 Make Check Payal	s registered office TE Registered Aport sign III FEE IS \$156 02 Fee will be \$156 to Department	or registered agent; or both, in the State of Florida. Ather recalled when reinstance) DATE 10. Election Campaign Financing \$5,00 May Re
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Caty-St-ZIP 13. I hereby certify that the information supplied with this filing 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP