Zip Country Zip Country 5. Ce 6. Name and Address of Current Registered Agent 7. Name WOUF, MELVIN Name Name 1891 W OAKLAND PARK BLVD Street Address (P.O. Box FT. LAUDERDALE, FL FL 33311-1573 City 8. The above named enlity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. City 8. The above named enlity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. (NOTE: Registered Agent signature required when reinet. SIGNATURE Signature. typed or pinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinet. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW III FEE IS \$550.00 Make Check Payable to Department of State Make Check Payable to Department of State	07-25-2002 90125 020 ***150.00 41168 DO NOT WRITE IN THIS SPACE Umber 65-0291948 Applied For Not Applicable icate of Status Desired S8.75 Additional Fee Required and Address of New Registered Agent
1891 W OAKLAND PARK BLVD 1991 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311-1573 FT LAUDERDALE FL 33311-1573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chy & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country S. Ce 6. Name and Address of Current Registered Agent 7. Name WOLF, MELVIN Street Address (P.O. Box FT LAUDERDALE, FL FL 33311-1573 City It be obligations of registered agent. City IGNATURE Street Address of current Registered Agent isst is epictable. INIS corporation is eligible to satify the Intangible The Source of proteid name of registered agent. IGNATURE Street Address of contrans of registered agent. INOTE Registered Agent signature registered agent. ISSection is eligible to satify the Intangible The Source of the Street Agent signature registered agent. IGNATURE Corpercenters to contrans of registered agent and tis if epictable. INOTE Registered Agent signature registered agent. I	DO NOT WRITE IN THIS SPACE humber 65-0291948 Applied For icate of Status Desired \$8.75 Additional Fee Required and Address of New Registered Agent
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country 8. Name and Address of Current Registered Agent 7. Name WOLF, MELVIN Street Address (P.O. Box 1891 W OAKLAND PARK BLVD Street Address (P.O. Box FT. LAUDERDALE, FL FL 33311-1573 City . City . City & State . Street Address (P.O. Box . City . Street Address (P.O. Box . City . City . City . City . City . City . Street Address (P.O. Box . City . City . City . City . City . Street Address (P.O. Box . City . City . Molecity . Street Address (P.O. Box	DO NOT WRITE IN THIS SPACE Iumber 65-0291948 Applied For icate of Status Desired \$8.75 Additional Fee Required and Address of New Registered Agent
City & State City & State 4. FEI Zip Country Zip Country 5. Ce 0. Name and Address of Current Registered Agent 7. Name WOLF, MELVIN Name Name WOLF, MELVIN Street Address (P.O. Box The above named entity submits this statement for the purpose of changing its registered office or registered agent City The above named entity submits this statement for the purpose of changing its registered office or registered agent City The above named entity submits this statement for the purpose of changing its registered office or registered agent City The above named entity submits this statement for the purpose of changing its registered office or registered agent City The above named entity submits this statement for the purpose of changing its registered office or registered agent City IGNATURE Street Agent signature requered when released agent and the is spelicable. (POTE: Registered Agent signature requered when released agent agent agent signature requered when released agent agent agent signature requered agent. IGNATURE Street Agent signature requered when released agent and the is spelicable. (POTE: Registered Agent signature requered when released agent agent agent signature requered when released agent agent agent agent signature requered agent. Interequirement and elects to do so. Make Ch	Applied For Not Applicable icate of Status Desired Status Desired Status Desired Status Desired Status Desired Agent
Zip Country Zip Country 5. Ce 2ip Country 5. Ce 5. Ce 8. Name and Address of Current Registered Agent 7. Name WOUF, MELVIN Street Address (P.O. Box 1891 W OAKLAND PARK BLVD Street Address (P.O. Box FT. LAUDERDALE, FL FL 33311-1573 City The above named entity submits this statement for the purpose of changing its registered office or registered agent MATURE Sprakes, typed or printed name of registered agent and the insplicable. This corporation is eligible to satisfy its Inlangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) Delete ITLE VEFLOORSS 12. ADDIT Neer Address City - Street City - Street It AME Street Address (P.O. Box WE Address City City This corporation is eligible to satisfy its Inlangible FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Address City Itele Make Check Contess City - Street YST-ZP City Itele	05-U291948 Not Applicable icate of Status Desired \$8.75 Additional Fee Required Fee Required
Book in the second	icate of Status Desired Status Desired Status Desired Status Desired Status Desired Agent
WOLF, MELVIN Name 1891 W OAKLAND PARK BLVD Street Address (P.O. Box FT. LAUDERDALE, FL FL 33311-1573 City The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. City IGNATURE Spature, typed or printed name of registered agent and title # explication. (NOTE: Registered Agent signature registered agent and title # explication. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State OFFICERIS AND DIRECTORS 12. ADDIT L OFFICERIS AND DIRECTORS 12. ADDIT WEE WOLF, MELVIN International part and eligt with the stress of the	e and Address of New Registered Agent
WOLF, MELVIN Street Address (P.O. Box 1891 W OAKLAND PARK BLVD City FT LAUDERDALE, FL FL 33311-1573 City The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. City GNATURE	
City City The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. GNATURE Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registed when remet Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registed when remet Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registed when remet Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registed when remet Sonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registered agent This corporation is eligible to satisfy its Inlangible Tax filing requirement and elects to do so. (See criteria on back) (See criteria on back) (DEFFICERS AND DIRECTORS 12. ADDIT E (DEFFICERS AND DIRECTORS 12. ADDIT E (DEFFICERS AND DIRECTORS 12. ADDIT E (DFFICERS AND DIRECTORS 12. ADDIT E (DFFICERS AND DIRECTORS 12. ADDIT E (DFFICERS AND DIRECTORS 17. ST-2IP (Delete TILE NAME STREET ADDRESS (DTY-ST-2IP (Delete TILE NAME STREET ADDRESS (DTY-ST-2IP (Delete TILE NAME STREET ADDRESS (DTY-ST-2IP (Delete (DELAGEN STREET ADDRESS (DTY-ST-2IP (Delete (DELAGEN (DTY-ST-2IP (DELAGEN (DTY-ST-2IP (DELAGEN (DTY-ST-2IP (DELAGEN (DTY-ST-2IP (DELAGEN (DELAGEN (DTY-ST-2IP	umber is Not Acceptable)
The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent. SNATURE Signature, typed or printed name of registered agent and the it applicable. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS FILE NOWIL! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS I. ADDIT E PSO OFFICERS AND DIRECTORS I. Delete TILE NAME STREET ADDRESS -ST-ZIP E E ADDRESS STREET ADDRESS	
CONSidential and elects to do so.	FL Zip Code
LE PSD ALL OF AL	O DATE Election Campaign Financing Trust Fund Contribution. Added to Fees
WE WOLF, MELVIN NAME 1891 W OAKLAND PK BLVD STREET ADDRESS Y-ST-ZIP FT LAUDERDALE FL E Delete AE Delete AE STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP E Delete IIILE NAME STREET ADDRESS STREET ADDRESS Y-ST-ZIP Delete IIILE NAME STREET ADDRESS STREET ADDRESS STATET ADDRESS STREET ADDRESS STATET ADDRESS STREET ADDRESS	INS/CHANGES TO OFFICERS AND DIRECTORS IN 11
AE EET ADDRESS ST-ZIP E EE ADDRESS ST-ZIP E E ADDRESS ST-ZIP E E ADDRESS ST-ZIP E ADDRESS ST-ZIP E 	Change Addition
FET ADDRESS STREET ADDRESS Image: Street Address CITY-ST-ZIP E Delete TITLE IE STREET ADDRESS STREET ADDRESS -ST-ZIP STREET ADDRESS STREET ADDRESS E Delete TITLE ID Delete TITLE E Delete TITLE ID Delete STREET ADDRESS STREET ADDRESS STREET ADDRESS	Change Addition
E I Defete International Inter	
ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS	Change - Addition
ET ADDRESS STREET ADDRESS	
E NAME ET ADDRESS STREET ADDRESS	
	Change 🗋 Addition
E NAME ET ADDRESS •ST-ZIP CITY-ST-ZIP	Change Addition
ET ADDRESS ST-ZIP CLTY-ST-ZIP	Change CAddition
hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida St changed, or on an attachment with an address, with all output like empowered.	Change Addition
	Change Addition