1. Entity Nam	е	# S80716 DUSTRIES, INC.	Jan Se	FILED Jan 08, 2001 8:00 am Secretary of State							
Principal Place	e of Busines	s	Mailing Address			0	01-08-2001 90016 047 ***150.00				
2106 TALL OAK			2106 TALL OAK DRIVE								
WINTER GARDEN FL 34786 US			SIST WINTER GARDEN FL 34786								
			US					 			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number	4. FEI Number 59-3088676 Applied For Not Applicable				
Zip	Zip Country		Zip Count		itry	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current I	l Registered Agent		7. Name and Address of New Registered Agent						_
NAO		• '			Name	Name					
NASH, TODD 8319 WHITE ROAD ORLANDO FL 32818			Mew Adress Topo MASH		Street Address (P.O. Box Number is Not Acceptable)]
			FormAsH		City			т	Zin Code		-
					City ORLANDO			FL	Zip Code	03	_
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or reg	istered agent, or both, i	n the State of Flori	da.			
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature red	quired when reinstating)		DATE			
Tax filing r	-	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			00 Trust I	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.		OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CH	IANGES TO OFFIC	ERS AND DI	RECTORS	IN 11]_
TITLE	D	0111 BADDY D 10	☐ Delete	TITL	I] Change	☐ Addition	00/0
NAME STREET ADDRESS		OHL, BARRY R. JR. L OAK DRIVE		NAM STRE	ET ADDRESS						10,00
CITY-ST-ZIP		ARK FL 34786			-ST-ZIP						CR2E034 (10/00)
TITLE	D		☐ Delete	TITL	E	7123 Yacht		×	Change	Addition] 🖁
NAME STREET ADDRESS		OHL, BRUCE R		NAM	EET ADDRESS	7123 Yacht	Basin	Aue =	H 33 I		
CITY-ST-ZIP	7 120 1110711 20002 7112 011				-ST-ZIP						
TITLE	-VP. → -	ue . *_	☐ Delete	TITLE					Change	Addition	1.~
NAME		SHI, PAMELA		NAM	E 6	rathwohl T	anviq		•		
STREET ADDRESS CITY-ST-ZIP		l oak drive Garden Fl 34786			ET ADDRESS -ST-ZIP						
TITLE	771111211	G (10 E 17 1 E 0 17 0 0	☐ Delete	TITLE	E] Change	Addition	
NAME				MAM							
STREET ADDRESS CITY-ST-ZIP				•	ET ADDRESS - ST-ZIP						
TITLE			Delete	TITLE			-		Change	☐ Addition	1
NAME				NAM	I .			_		_	
STREET ADDRESS				•	ET ADDRESS						
CITY-ST-ZIP TITLE			□ Delete	TITLE	-ST-ZIP				Change	Addition	1
NAME				NAM	I .						
STREET ADDRESS				•	ET ADDRESS						
CITY-ST-ZIP	ertify that th	e information supplied with	this filing does not qualify fo		-ST-ZIP	n Section 119.07/3/6\	Inrida Statutes 1 6	urther certify	that the in	formation	-
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 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.											
SIGNAT	IIPE:	B. Kat 1	Barry Rora	th w	ohl, TR	President	1-2-01	40	7.90€	16253	
SIGITAL	JIIL.	SIGNATURE AND TYPED OF PI	RINTED NAME OF SIGNING OFFICER				Date		ne Phone #		1 .