FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1996 DIVISION OF CORPORATIONS								
DOCUMENT # V10663 (5)								
MID-FL	orida real	.TY INVESTORS	, INC.			i A Maria dinada wana dana dinada d	Så illi årår elak orok	î êjili) Biği) Albii sadı
Principal Place o	of Business		Mailing Address					
CES SANDLAKE HOAD POST OFFICE BOX 616 SUITE 204 OPLANDO FL 32819								
Principal Place	e of Business		2a. Mailing Address			3. Date Incorporated or Qualified 01/30/1992	3a. Date of Las 05/01/	
3958	SALMON	De	26	5		4. FEI Number 59-3139909		Applied For
Suite, Apt. #,	etc.		Suite, Apt. #, et	tc.	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired		Not Applicable 75 Additional
City & State ORLA	NãO /	FL	City & State			Election Campaign Financing Trust Fund Contribution	□ \$5	ee Required .00 May Be
3483	25	ountry USA	Ζφ 29	30 Co.	untry	8. This corporation has liability for in Florida Statutes Yes	ntangible tax unde	rs 199.032,
	y. Name and A	ddress of Current Re	egistered Agent		81 Name	10. Name and Address of New Ro		
MINTON, BRADY D.						(DA D		
7625 SANDLAKE RD. SUITE 204						dress (P.O. Box Number is Not Acceptable	э)	
	7) FL 32819				83			
= - 					84 City FL 85 Z		Zip Code	
or registered	ne provisions of S agent, or both, in	ections 607.0502 and the State of Florida. S	f 607.1508, Florida St Such change was auth	atutes, the abo	ve-named corporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing it	s registered office
GNATURE	and accept the of	aligations of, Section 6	307.0505, Florida Stat	utes.	orpordilory's bo	ard or directors. I hereby accept the appoi	ntment as register	ed agent. I am
	ature, typed or printed r	name of registered agent and ti		(NOTE: Registered	Agent signature requir	ed when reinstating)	DATE	-
LF	PST	OFFICERS AND DIE	RECTORS [7] DELETE	13.		ADDITIONS/CHANGES TO OFFIC		TORS IN 12
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I do hereby cert certify that the i	tify that the inform	ation supplied with thi	is filing is voluntarily fu			r the exemption stated in Section 119.07(3)(k) Florida State	too I further
oath; that I am appears in Bloc	an officer or direct	for of the corporation	or the received or trus	nnual report is t tee empowered	rue and accurat	r the exemption stated in Section 119.07(e and that my signature shall have the sar report as required by Chapter 607, Florid	ાણા legal effect as if a Statutos: cod th	f made under
		2 - X	ittacilineer with an ad	aress. 1	(D)	0///	⊸ catutes, and th	aciny name
GNATUR	KE: _/	- Cul) / Xech	4	7 Te	un Pleunge	4-25.	96
	J SIGNATU	RE AND TYPED OF PRINTE	UNAME OF STONING OFFI	CER OF DIRECTOR	· · · · · · · · · · · · · · · · · · ·	Date	Daytime Phone	<u> </u>