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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

•	JAL REPORT 1996			tary of State CORPORATIONS		
DOCUN 1. Corporation	MENT #	V29197	(3)			
'	IEL, INC.)	I HARI ANNA ANNA ANNA ANNA ANNA ANNA ANNA
Principal Place	of Business		Mailing Address			
			615 PINE LAKE DR.			
DELRAY BCH.			DELRAY BCH. FL 3344	5		
					3. Date Incorporated or Qualified 04/16/1992	3a. Date of Last Report 04/13/1995
2. Principal Psa	ace of Business	} −	2a. Mailing Address		4. FEI Number	Applied For
Suite Apt. #	#. etc.		Suite, Ant. #, etc.		65-0349929	Not Applicable \$8.75 Additional
22		2	7		5. Certificate of Status Desired	Fee Required
Orty & State	;		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
<i>Ζ</i> φ	25	ountry	Zip 9]	Country 30	8. This corporation has liability for	Added to Lees
: II		ddress of Current Re	<u> </u>	[50]	10. Name and Address of New I	
				81 Name		
GERSTEN, HYMAN 615 PINE LAKE DR.				82 Street Add	ress (P.O. Box Number is Not Acceptal	ble)
	BCH. FL 33445			83		
				84 City		85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of ed agent, or both, i th, and accept the c	Sections 607.0502 and n the State of Florida. Sobbigations of, Section 1	607.1508, Florida Statut uch change was authoriz	es, the above named corpo ed by the corporation's boa	oration submits this statement for the purard of directors. I hereby accept the app	rpose of changing its registered offic continent as registered agent. I am
	1.1.	<u>C.</u>	The state of the s	·.	1/2006	
S'GNATURE .	1	ume of registered agent and th	e if applicance (NC	DTE. Flugistured Agent signature require	ec when reinstating!	DATE
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certify that I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

I Y H A N GERSTEN

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR