CORPO	OFIT DRATION REPORT		Sandra Secret DIVISION OF	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
OCUME Corporation Na	ENT#	V31319	9 (9)			
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ncipal Place of Business PO BOX 36 FELLSMERE FL 32948-0036			PO BOX 36 FELLSMERE FL 32948-0036			Day of Lost Conned
					3. Date incorporated or Qualified 04/23/1992	3a. Date of Last Report 04/28/1995
Principal Place	of Business		2a. Mailing Address		4. FET Number 65-0332042	Applied For Not Applicable
Suite. Apt. #, 6	etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			Orty & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	- 		28 Z ₁₀	Country	8. This corporation has liability for	intangible tax under s. 199.032,
·	25		29	30	Florida Statutes Ye 10. Name and Address of New	s No Registered Agent
	9. Name and	Address of Current	negistered Agent	81 Name		
	EACH FL 329			83 84 City		FL 85 Zip Code
SUITE U VERO BE I. Pursuant to or registered familiar with,	EACH FL 329	of Sections 607.0502 a	in 607.0506, Florida Statuti	84 Oily Ites, the above named corporation's books	oration submits this statement for the p and of directors. I hereby accept the ap	urpose of changing its registered of pointment as registered agent. I am
SUITE U VERO BE I. Pursuant to or registored familiar with, GNATURE	the provisions of agent, or both, and accept the	of Sections 607,0502 a , in the State of Florida e obligations of, Sections and name of regions along a	1 607.0505, Florida Statut	84 City Ites, the above named corporation's bo-	ekst weer, rem tet up	Urpose of changing its registered of pointment as registered agent. I am (ATF- FFICEHS AND DIRECTORS IN 12
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SIGNATURE: J ... O MUSUM.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 407-571-1123

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