		NESS REPO	RT	(UBR)			Fl ay 15, ecreta		8:0 Sta		
Principal Place of Business 7251 UNIVERSITY BLVD STE 100 WINTER PARK FL 32792 US		Mailing Address 7251 UNIVERSITY BLVD STE 100 WINTER PARK FL 32792-8659 US									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F	El Number	59-3 150592			blied For Applicable	
Zip	Country	Zip	Coun	itry		Certificate of S		Fee	75 Addi Required		
	6. Name and Address of Current Re	egistered Agent		Name	7. 1	Name and Ad	dress of New Re	gistered Ager	it		
SAFFRAN, ALAN J. M 7251 UNIV BLVD STE 300				Street Address (P.O. Box Number is Not Acceptable)							
	TER PARK FL 32792			City	~~· .			FL	Zip Code		
8. The above	named entity submits this statement for t	he purpose of changing its	register	ed office or re	gistered ag	ent, or both, ir	the State of Flor	ida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	f title if applicable (NOT	E. Registere	d Agent signature r	equired when re	einstating)		DATE		· • - •	
Tax filing n	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				1	n Campaign Fina und Contribution.			May Be to Fees	
11.	OFFICERS AND DI		12.		AD	DITIONS/CH.	ANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBBIN, CLIFFORD B. 5979 VINELAND ROAD, #101 ORLANDO FL	Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOKRIS, MICHAEL S. 5979 VINELAND RD., #101 ORLANDO FL	Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, BRADLEY R. 5979 VINELAND RD, #101 ORLANDO FL	Delete			<u>, , , , , , , , , , , , , , , , , , , </u>				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLY, STEPHEN V. 7251 UNIV BLVD STE 300 WINTER PARK FL	Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUHN, JOHN F. 5979 VINELAND RD #101 ORLANDO FL	Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SAFFRAN, ALAN J. 7251 UNIV BLVD STE 300 WINTER PARK FL	Delete	CITY	IE EET ADDRESS '- ST- ZIP				_	Change	Addition	
13. I hereby of indicated of the cor changed,	certify that the information supplied with the on this report or supplemential sports poration or the received of the standard or on an attachment with an address, with	pic filling does not qualify for the and architet and that is the and architet the property that other like any every thail other like any every	r the exe my signa as requi	emption stated iture shall have ired by Chapte	in Section e the same er 607, Flori	119.07(3)(i), F legal effect as ida Statutes; a	lorida Statutes. I if made under or nd that my name	further certify t ath; that I am a appears in Blo	hat the in n officer o ock 11 or	formation or director Block 12 if	
SIGNAT		NTED NAME OF SIGNING OFFICER	CH DIREC	<u>bîn</u>		<u> </u>	28-00 Date	407 Daytime	351. Phone #	-06/3	