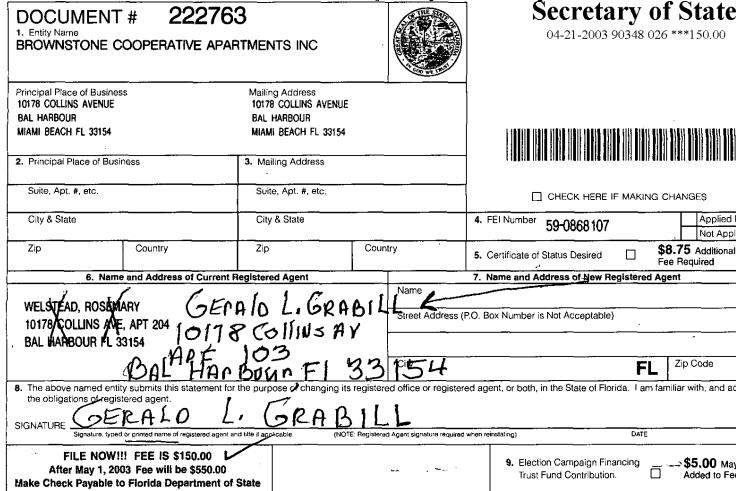
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90348 026 \*\*\*150.00

Applied For

Not Applicable

CR2E034 (10/02)

Zip Code 8. The above named entity submits this statement for the purpose changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE WELSTEAD, ROSEMARY NAME NAME 10178 COLLINS AVE STREET ADDRESS STREET ADDRESS BAL HARBOUR FL CITY-ST-ZIP CITY-ST-ZIP TITLE. Addition ☐ Delete TITLE ☐ Change YESULAITIS, JOHN NAME -NAME 10178 COLLINS AVE STREET ADDRESS STREET ADDRESS CFY-ST-ZIP BAL HARBOUR FL CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE POWER, MARY A NAME NAME STREET ADDRESS 10178 COLLINS AVE STREET ADDRESS CITY-ST-ZIP BAL HARBOUR FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE LA TRONICO, BRIAN NAME NAME STREET ADDRESS 10178 COLLINS AVE STREET ADDRESS CITY-ST-ZIP BAL HARBOUR FL CITY-ST-ZIP AS ☐ Delete TITLE ☐ Change Addition GENE, LYNCH NAME NAME STREET ADDRESS 10178 COLLINS AVE STREET ADDRESS **BAL HARBOUR FL 33154** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if ke empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR