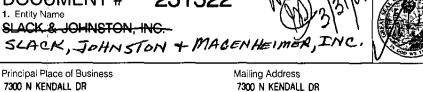
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

DOCUMENT #

231522



Apr 18, 2003 8:00 am Secretary of State
04-18-2003 90180 007 ***158.75

SCHER, JOHNSTON TIMECHAETHER,											
Principal Place 7300 N KEND STE 520 MIAMI FL 331 US	DALL DR		7 300 STE	ng Address N KENDALL DR 520 B FL 33156							
2. Principal Place of Business			3. Mailing Address					* 106110 HIBB 11104 11101 BIHB 11011	0	SII ARKII BIBILAI	U
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. F	4. FEI Number 59-0881523 Applied For Not Applicable			
Zip	Zip Country		Zip		Cour	Country		Certificate of Status Desired		8.75 Add ee Required	
-	6 Name	and Address of Current	Registere	ed Agent			7. N	Name and Address of New Re	gistered A	gent	
						Name					į
GLENN, JOHNSTON L 7300 N KENDALL DR STE 520						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	. 33156					City			EI	Zip Code	
		-				L			FL	1	
	e named entit tions of regist		r the purp	ose of changing its	register	ed office or reg	gistered age	ent, or both, in the State of Flori	ida. I am fa	amiliar with, a	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOT	E: Registere	d Agent signature re	equired when re	ninstating)	DATE	_	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution.			0 May Be to Fees	
10.		OFFICERS AND		RS	11.		AD.	L DITIONS/CHANGES TO OFFIC	EBS AND	DIRECTORS	IN 11
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BE-REQUIRED SIGNATURE AND TYPED OR PI INTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/0_3

305-670-2111