2001 UNIFORM BUSINESS REPORT (UBR)

333 NE 36 ST. FT LAUDERDALE FL 33308 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name O'CONNOR, JOSEPH 3333 NE 36 ST. FT LAUDERDALE FL 33308 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. Assignature required when reinstating) DATE Make Check Payable to Department of State
333 NE 36 ST. FT LAUDERDALE FL 33308 2. Principal Place of Business. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name O'CONNOR, JOSEPH 3333 NE 36 ST. FT LAUDERDALE FL 33308 City The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. State State Address Addres
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of Status Desired 8.75 Additing Fee Required 6. Name and Address of Current Registered Agent Name O'CONNOR, JOSEPH 3333 NE 36TH STREET APT 3 FT LAUDERDALE FL 33308 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. Address Added to Fees Make Check Payable to Department of State
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country S. Certificate of Status Desired \$8.75 Additional States For Required For Required For Required For Required Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Tity File Now: File S \$61.25 P. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Department of State DO NOT WRITE IN THIS SPACE Appl Appl Stret Address Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Tity File Now: Fi
City & State City & State City & State City & State Country C
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additite Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'CONNOR, JOSEPH 3333 NE 36TH STREET APT 3 FT LAUDERDALE FL 33308 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) PATE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Department of State
Signature. Typed or printed name of registered agent and title if applicable. Country Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Page 18.75 Additite fee Required of Status Desired signature required agent, or both, in the state of Florida. Signature. Typed or printed name of registered agent and title if applicable. Signature feel is \$61.25 Signature feel is \$61.25 Make Check Payable to Department of State
O'CONNOR, JOSEPH 3333 NE 36TH STREET APT 3 FT LAUDERDALE FL 33308 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Department of State
O'CONNOR, JOSEPH 3333 NE 36TH STREET APT 3 FT LAUDERDALE FL 33308 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State
O'CONNOR, JUSEPH 3333 NE 36TH STREET APT 3 FT LAUDERDALE FL 33308 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and tible if explicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Department of State
APT 3 FT LAUDERDALE FL 33308 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Wake Check Payable to Department of State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW: FILE NOW: 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Department of State
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW: 9. Election Campaign Financing FEE IS \$61.25 Make Check Payable to Department of State
FILE NOW: 9. Election Campaign Financing FEE IS \$61.25 9. Election Contribution. Added to Fees Make Check Payable to Department of State
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.
TITLE PD Delete TITLE Change NAME OCONNOR, JOSEPH STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE D Delete TITLE Change NAME O'CONNOR, JOSEPH NAME STREET ADDRESS 3333 NE 36 ST #6 STREET ADDRESS
CITY-ST-ZIP TITLE DV DV Delete TITLE NAME PALUMBO, DENNIS DENNIS CITY-ST-ZIP CHANGE NAME OTHER DENGES
STREET ADDRESS CITY-ST-ZIP GITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP
TITLE SD Delete TITLE Change NAME DADDARIO, ANGELA NAME
STREET ADDRESS 3333 NE 36 ST #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP
CITY-ST-ZIP FORT LAUDERDALE FL 33308
TITLE Delete TITLE Change NAME NAME
TITLE Delete TITLE Change
TITLE Delete TITLE Change NAME STREET ADDRESS TITLE STREET ADDRESS

SIGNATURE:

IGNATURE:

Signature and typed operation of supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Profit a Statutes. Intuiting call with this filling does not qualify for the exemption stated in Section 119.07(3)(), Profit a Statutes. In this recent with a man officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 and typed observation or the receiver or trustee empowered.

Signature and typed observation or the receiver or trustee empowered.

Signature and typed observation or the receiver or trustee empowered.

Signature and typed observation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the receiver of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the receiver or trustee empowered to execute the same legal effect as if made under oath and are receiver or trustee empowered to execute the same legal effect as if made under oath and are receiver or trustee empowered to execute the same legal effect as if made under oath and are receiver or trustee empowered to execute the same legal effect as if made under oath and are receiver or trustee empowered to execute the same legal