2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730524

1. Entity Name

FILED Jul 14, 2003 8:00 am Secretary of State 07-14-2003 90164 032 ****75.00

Principal Place of Business 910 S.W. 40TH AVE. PLANTATION FL 33317 2. Principal Place of Business Suite, Apt. #, etc. City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name KRISCHER, GALL S. 910 S.W. 40TH AVE. FT. LAUDERDALE FL 33317 City 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 Malling Address 910 S.W. 40TH AVE. FILE NOW: FEE IS \$61.25 Trust Fund Contribution Malling Address 910 S.W. 40TH AVE. FILE NOW: FEE IS \$61.25 Trust Fund Contribution Malling Address 910 S.W. 40TH AVE. FILE NOW: FEE IS \$61.25 Added to Fees Make Check Payable to Florida Department of State
Suite, Apt. #, etc. City & State City & State City & State City & State Country Country Country Country Country Country Country Signature, typed or partial figure of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinastating) PARE Make Check Payable to Florida Department of State City & State City & State Applied For Not Applicable 5. Certificate of Status Desired Fee Required For Not Applicable 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above pametiantity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or partial figure of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinastating) DATE FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 Trust Fund Contribution. A Signature required when reinastating) Make Check Payable to Florida Department of State
City & State City & State City & State City & State 4. FEI Number 59-1574102 Applied For Mot Applicable Status Desired \$8.75 Additional Fee Required Fee Required 7. Name and Address of New Registered Agent Name KRISCHER, GAIL S. 910 S.W. 40TH AVE. FT. LAUDERDALE FL 33317 City City FL Zip Code 8. The above parmed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 P. Election Campaign Financing Trust Fund Contribution. Signature required when reinstating) Applied For Mot Applicable Applied For Mot Applicable Name City FL Zip Code (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to Florida Department of State
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10. #OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD Delete TITLE Change Addition
TITLE PD Delete TITLE Change Addition STREET ADDRESS GITY-ST-ZIP DIANTATION FL 33317
STREET ADDRESS 910 S.W. 40TH AVE. STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317
TITLE VPD Delete TITLE Change Addition
NAME KRISCHER, GAIL S NAME
STREET ADDRESS 910 S.W. 40TH AVE. STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP
TITLE TD Delete TITLE Change Addition
NAME JOHNSON, LARRY NAME
STREET ADDRESS 10191 W. SAMPLE ROAD STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Drange Addition
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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 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: CONTRACTOR