

04-17-2002 90162 047 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000002911																																																																																																																																																													
1. Entity Name SAM HAL RE, INC.																																																																																																																																																													
Principal Place of Business 3300 N.E. 192 2ND STREET #614 AVENTURA FL 33180	Mailing Address 3300 N.E. 192 2ND STREET #614 AVENTURA FL 33180																																																																																																																																																												
2. Principal Place of Business	3. Mailing Address																																																																																																																																																												
Suite, Apt. #, etc.	Suite, Apt. #, etc.																																																																																																																																																												
City & State	City & State																																																																																																																																																												
Zip	Country																																																																																																																																																												
4. FEI Number 88-0490825																																																																																																																																																													
Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																																																																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>																																																																																																																																																													
6. Name and Address of Current Registered Agent																																																																																																																																																													
7. Name and Address of New Registered Agent																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code																																																																																																																																																						
Name																																																																																																																																																													
Street Address (P.O. Box Number is Not Acceptable)																																																																																																																																																													
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																													
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>																																																																																																																																																												
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																													
11. OFFICERS AND DIRECTORS																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>PC</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, LESLIE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table> </td> <td style="width:50%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>WC</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, ELAINE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table> </td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>TSD</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, SHELDON I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table> </td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </td> </tr> </table>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>PC</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, LESLIE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table>	TITLE	PC	<input type="checkbox"/> Delete	NAME	CHARAPP, LESLIE A		STREET ADDRESS	3300 N.E. 192 2ND STREET #614		CITY-ST-ZIP	AVENTURA FL 33180		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>WC</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, ELAINE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table>	TITLE	WC	<input checked="" type="checkbox"/> Delete	NAME	CHARAPP, ELAINE M		STREET ADDRESS	3300 N.E. 192 2ND STREET #614		CITY-ST-ZIP	AVENTURA FL 33180		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>TSD</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, SHELDON I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table>	TITLE	TSD	<input checked="" type="checkbox"/> Delete	NAME	CHARAPP, SHELDON I		STREET ADDRESS	3300 N.E. 192 2ND STREET #614		CITY-ST-ZIP	AVENTURA FL 33180		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>PC</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, LESLIE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table>	TITLE	PC	<input type="checkbox"/> Delete	NAME	CHARAPP, LESLIE A		STREET ADDRESS	3300 N.E. 192 2ND STREET #614		CITY-ST-ZIP	AVENTURA FL 33180		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																																						
TITLE	PC	<input type="checkbox"/> Delete																																																																																																																																																											
NAME	CHARAPP, LESLIE A																																																																																																																																																												
STREET ADDRESS	3300 N.E. 192 2ND STREET #614																																																																																																																																																												
CITY-ST-ZIP	AVENTURA FL 33180																																																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>WC</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, ELAINE M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table>	TITLE	WC	<input checked="" type="checkbox"/> Delete	NAME	CHARAPP, ELAINE M		STREET ADDRESS	3300 N.E. 192 2ND STREET #614		CITY-ST-ZIP	AVENTURA FL 33180		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																																						
TITLE	WC	<input checked="" type="checkbox"/> Delete																																																																																																																																																											
NAME	CHARAPP, ELAINE M																																																																																																																																																												
STREET ADDRESS	3300 N.E. 192 2ND STREET #614																																																																																																																																																												
CITY-ST-ZIP	AVENTURA FL 33180																																																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>TSD</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHARAPP, SHELDON I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3300 N.E. 192 2ND STREET #614</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA FL 33180</td> <td></td> </tr> </table>	TITLE	TSD	<input checked="" type="checkbox"/> Delete	NAME	CHARAPP, SHELDON I		STREET ADDRESS	3300 N.E. 192 2ND STREET #614		CITY-ST-ZIP	AVENTURA FL 33180		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																																						
TITLE	TSD	<input checked="" type="checkbox"/> Delete																																																																																																																																																											
NAME	CHARAPP, SHELDON I																																																																																																																																																												
STREET ADDRESS	3300 N.E. 192 2ND STREET #614																																																																																																																																																												
CITY-ST-ZIP	AVENTURA FL 33180																																																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																																																																																																																																						
TITLE		<input type="checkbox"/> Delete																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																											
NAME																																																																																																																																																													
STREET ADDRESS																																																																																																																																																													
CITY-ST-ZIP																																																																																																																																																													
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																													
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																													
SIGNATURE: <u>Leslie A. Charapp</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																													

CR2E034 (9/01)