SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K43838  1. Entity Name					FILED Apr 10, 2001 8:00 am Secretary of State			
Principal Pla	ice of Business	Mailing Address		<del></del>	-			
5858 INTERNATIONAL DR P.O. BOX 2340 ORLANDO FL 32819 WINDERMERE FL 34786-2340 US US					N O D P	1479 <b>p</b>		
	Place of Business AT BROOKLINE DR.	3. Mailing Address AS ABOYE	•					
-Suite-Ant			DO NOT WRITE	IN THIS SPACE	NI\$ 01031 13 <b>8</b> 1			
_ City & Sta			4. FEI Number 59-2932689		pplied For			
<u>`—</u> —	RUANDO FLORIDA	Žip	Country			\$8.75 Ad	ot Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent				
	* *	*	Name		The frame and Address of from freg	-	<u>-</u>	
nana, J. d. 5447 Brook <u>l</u> ine dr. S204			Street	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32819			City			FL Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r register	ed agent, or both, in the State of Florid	a.		
SIGNATURE	Signature, typed or printed name of registered agent an	J. D. NA	N A Registered Agent signa	lure required	when reinstalang)	2000	<del></del> ,_	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable		550.00	10. Election Campaign Finan Trust Fund Contribution.	*	O May Be I to Fees	
11	OFFICERS AND D		12.	,	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS	S IN 11	
TITLE	PD NANA, J.D.	Delete	TITLE .	山.	D. MANA	Change	☐ Addition	
NAME STREET ADDRESS	5447 BROOKLINE DRIVE		NAME STREET ADDRESS	54	AT BROOKLING	8 1 8 7 KMR		
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP		RUMBO FL. 32	· <b>6</b> ( )	_	
TITLE NAME	J.D. HAWA PRESIDEN 830 N.ATLANTIC AV.	SUITE POOR	TITLE NAME			Change	Addition	
STREET ADDRESS	- OCAL REACH		STREET ADDRESS	}				
CITY-ST-ZIP	FWEIDA 329	31	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		<del></del>	STREET ADDRESS CITY-ST-ZIP			t ye was an amend of		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	,		CITY-ST-ZIP	[	4			
TITLE	1254	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME STREET ADDRESS	Type Brown to the Brown	i the state of the	NAME CALL Y	,	ار المدود . الما المدود	, no.	, i	
City-St-ZIP	The state of the s		CITY-ST-ZIP			<u>.</u> .		
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	signature shall h	ave the sa	ame legal effect as if made under oath	i; that I am an officer o	or director Block 12 if	