

FILED
Jan 31, 2002 8:00 am
Secretary of State

0391562 AV

DOCUMENT #
1. Entity Name
BRUCE RY CORPORATION

L63979

Secretary of State

01-31-2002 90050 028 ***150.00

Principal Place of Business
1320 NO. LAKESIDE DR
LAKE WORTH FL 33460

Mailing Address
1320 NO. LAKESIDE DR
LAKE WORTH FL 33460

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

4. FEI Number
65-0199661

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RYNIAK, ZBIGNIEW
1320 NO. LAKESIDE DR
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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: SIGNATURE REQUIRED

1-16-2002

DATE

DAYTIME PHONE #