2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

12. I hereby certify that the information supplied with this filing does not qualify

indicated on this report of supplemental report of the corporation of the receiver of trustee of changed, or on an attachment with an address.

SIGNATURE:

Feb 20, 2004 08:00 AM DOCUMENT # L81221 **Secretary of State** BLIVAS, FIALA & ROWE, CHARTERED Principal Place of Business Mailing Address 1266 FIRST ST. SARASOTA FL 34236 1266 FIRST ST. SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 36-2702283 Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLIVAS, DONALD ROSS Street Address (P.O. Box Number is Not Acceptable) 1266 FIRST ST. SARASOTA FL 34236 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered apent and fille if applicable. (NOTE, Registered Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD Change Addition TITLE ☐ Defete Imr BLIVAS, DONALD R. NAME NAME 000000059275 02/20/04-80074-021 150.00 1266 1ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ₹**3**T£ £ ☐ Delete TITLE Change ☐ Addition FIALA, FREDRIC W. NAME NAME STREET ADDRESS 1266 1ST ST STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Delete ☐ Chance ☐ Addition TITLE FIALA, FREDRIC W. NAME STREET ADDRESS STREET ADDRESS 1266 1ST ST CITY~ST-ZIP CITY -ST-ZIP SARASOTA FL THE **VDR** ☐ Delete TITLE ☐ Change ☐ Addition ROWE, JOHN E. NAME NAME 1266 1ST ST STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-2IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Chance Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Ith this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information to 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

FILED