## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## FILED May 01, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # N9700000501 ST, INC		05-01-2002 91528 033 ****70.00			
	DO NOT WRITE IN	THIS S	PACE			
2. Principal	Place of Business 3. M	ailing Address				
320 NW 36th Court 320		0 NW 36th Court				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SP	ACE
City & Sta	<b>I</b> ,	City & State		4. FEI Number		Applied For
	l	<u>ca Raton, I</u>			-0778418	Not Applicable
Zip _33431	1	Zip 401	Country	5. Certificate of Sta		B.75 Additional
<u></u>	- <u> </u>	431	<u> </u>	7. Name and Addres	X Fe	e Required
			Name			gent
	DO NOT WRIT	Έ	Ja Street Addi	James F. Shelton Street Address (P.O. Box Number is Not Acceptable)		
		_	Sect Add	Seet Address (P.O. Box Number is Not Acceptable)		
	IN THIS SPAC	E	41	00 Jackson St	reet	
			City		FL	Zip Code
8. The above	e named entity submits this statement for the pur	nose of changing its	registered effice as as	ollywood		Zip Code 33021
FEE IS \$61.25  Initial or Amended UBR  9. Election Camp Trust Fund Co				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTOR	5	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mike Lukens 320 NW 36th Street, Boca	a Raton 334	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Chuck Warga 2639 Lee Street Hollywood, Fl. 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Roger Griffin 10280 SW 111 Street Miami, Fl. 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO I	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SD Teresa Culp 5260 SW 4th Street Plantation, Fl. 33317		TITLE NAME STREET ADDRESS		HIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST+ZIP	Sergeant-at-Arms Jane Bird 2636 Harding Street Hollywood, Fl. 33020		TITLE NAME STREET ADDRESS		, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stu O'Gorman 1046 Polk Street Hollywood, Fl. 33019		CITY-ST-ZIP TITLE NAME STREET ADDRESS			
			CITY-ST-ZIP			
indicated of the corp	ertify that the information supplied with this filing on this report or supplemental report is true and poration or the receiver or trustee empowered to	does not qualify for t accurate and that my execute this report	he exemption stated in signature shall have to as required by Chapte	1 Section 119.07(3)(i), Florid the same legal effect as if or	la Statutes. I further certify t hade under oath; that I am a	hat the information n officer or director

SIGNATURE: Mike Litkens, President
SIGNATURE AND TYPED OR PROTTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/02

561-715-0212 Daytime Phone #

10.	OFFICERS AND DIRECTORS			1
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D Lorrin Natusch 224 South 56 Ave Hollywood, Fl. 33023 D Jerry Bird 2636 Harding Street Hollywood, Fl. 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E037B (12/01)
TITLE NAME STREET ADDRESS (	D Paul Sochocki 6840 NW 24th Court Sunrise, Fl. 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dave Scalise 8522 Sawpine Road Delray, Fl. 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST+ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE  NAME  STREET ADDRESS  CITY+ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an additional in all other like exposured.

SIGNATURE:

Mike Tukens, President

04/12/02

561-715-0212

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-715-0212

Date