

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90106 001 ***150.00

DOCUMENT # P99000109150

1. Entity Name
FLA-PWH IV, INC.

Principal Place of Business 222 LAKEVIEW AVE.,17TH FLOOR WEST PALM BEACH FL 33401	Mailing Address 222 LAKEVIEW AVE.,17TH FLOOR WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0968172		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent REGSERV CORP. 222 LAKEVIEW AVE.,17TH FLOOR WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above **Regserv Corp.** is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By:  **Mark Nussbaum, Vice President** (NOTE: Registered Agent signature required when reinstating)

DATE: **4/27/00**

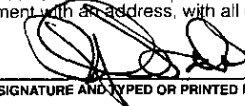
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENDINA, BRUCE A		NAME	Mark A. Ferrucci	
STREET ADDRESS	222 LAKEVIEW AVE.,17TH FLOOR		STREET ADDRESS	CT Corporation System	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		CITY-ST-ZIP	1209 Orange Street Wilmington, DE 19801	
TITLE		<input type="checkbox"/> Delete	TITLE	VP/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Patrick J. DiSalvo	
STREET ADDRESS			STREET ADDRESS	222 Lakeview Avenue, 17th Floor¹	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **Patrick J. DiSalvo** **4/27/00 (561) 655-9008**
 Vice President Date Daytime Phone #

CR2E034 (9/99)