2000 UNIFORM BUSINESS REPORT (UBR)

DOCUI 1. Entity Name 1959, IN	e	# S1718	2					Ja S	n 25, 20 Secretar 01-25-2000 90	ry of	Sta	te
Principal Place of Business				Mailing Address								
1959 SE 25 AVE. FT LAUDERDALE FL 33316				1959 SE 25 AVE FT LAUDERDALE FL 33316-3248				D0008773				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-		DO NOT WRITE	IN THIS SP	ACE	
City & State			+	City & State			4. F	El Number	65-0233873		<u> </u>	plied For t Applicable
Zip				Zip Country			5. (Certificate of	Status Desired		8.75 Add se Required	
6. Name and Address of Current Registered Agent							7. N	lame and A	ddress of New Rec	istered Ag	ent	
BEINKE, EDWARD A. 1959 SE 25 AVE FT LAUDERDALE FL 33316						Name Street Addre	ess (P.O. B	ox Number i	s Not Acceptable)			
FI LAUDERDALE FL 55510					City FL Zip Code							
									: 45 - 04-5 4 Flo :		L	
8. The above	named entity	submits this statemer	nt for the	e purpose of changing its	registere	d office or reg	istered ag	ent, or both,	in the State of Flori	aa.		
SIGNATURE _	Signature, types	or printed name of registered a	gent and li	tie if applicable. (NOTE	E: Registered	1 Agent signature re	quired when re	instating)		DATE		
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)				e FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St					ion Campaign Final Fund Contribution.	ncing		O May Be I to Fees
11.		OFFICERS A			12.			DITIONS/C	HANGES TO OFFIC	ERS AND D	DIRECTOR:	S (N 11
TITLE	PSD	OHIOZHO	<u> </u>	Delete	TITLE			0111011070			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1959 SE	edward A. 25 ave Erdale fl				ET ADDRESS • ST-ZIP						
TITLE NAME	FT LAUDI	LNOALL I L		☐ Delete	TITLE			····		[Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
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CITY-ST-ZIP TITLE NAME	-,		<u>.</u> .	☐ Defete	TITLE	<u> </u>	<u></u>			[Change	* 1 100
STREET ADDRESS CITY-ST-ZIP	_					ET ADDRESS -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-7IP	i		_	☐ Delete		1		 -		(Change	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elwal C. Beine Fowell A. BEINKE Jan 19. 60 954-524-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David David Description of Disputer Priorie #