CITY-ST-ZIP ASHEVILLE NC 28804 CITY- TITLE SD Delete TITLE NAME GANS, DALIAH Indexteen constraints STREE STREET ADDRESS 400 MIDLAND DIRVE CITY- CITY-ST-ZIP ASHEVILLE NC CITY- TITLE Indexteen constraints CITY- NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Indexteen constraints Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Indexteen constraints STREET ADDRESS STREET CITY-ST-ZIP Indexteen constraints STREET CITY-ST-ZIP TITLE Indexteen constraints STREET STREET NAME STREET ADDRESS Indexteen constraints STREET STREET ADDRESS STREET ADDRESS STREET STREET	TION (UBR)	FILED Jan 21, 2003 8:00 an Secretary of State 01-21-2003 90495 031 ***150.00
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent GERSON, PRESTON, & CO. P.A. 666 71ST STREET MIAMI BEACH FL 33141 6. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. FILE NOW III FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS Gans, CHARLES 400 MIDLAND DRIVE GANS, DALIAH 400 MIDLAND DRIVE GANS, DALIAH 400 MIDLAND DRIVE GIT-S1-2P CIT-S1-2P CIT-S1-2P CIT-S1-2P GANE VILLE NC SIREET ADDRESS <th></th> <th></th>		
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Zip Country Zip Country 6. Name and Address of Current Registered Agent GERSON, PRESTON, & CO. P.A. 666 71ST STREET MIAMI BEACH FL 33141 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. SIGNATURE SIGNATURE Signature, byted or printed nume of registered agent and title if applicable. (NOTE: Registered agent. SIGNATURE SIGNATURE Signature, byted or printed nume of registered agent and title if applicable. (NOTE: Registered agent. SIGNATURE SIGNATURE Signature, byted or printed nume of registered agent and title if applicable. (NOTE: Registered agent. SIGNATURE SIGNATURE Signature, byted or printed nume of registered agent and title if applicable. (NOTE: Registered agent. SIGNATURE Signature, byted or printed nume of registered agent and title if applicable. (NOTE: Registered agent. SIGNATURE Signature, byted or printed nume of registered agent. SIGNATURE CPD GANS, CHARLES 400 MIDLAND DRIVE ASHEVILLE NC 28804 CITY-SI-ZIP CITY-SI-ZIP CITY-SI-ZIP <td></td> <td></td>		
		4. FEI Number 59-0948126 Applied For Not Applicable
GERSON, PRESTON, & CO. P.A. 666 71ST STREET MIAMI BEACH FL 33141	Intry	5. Certificate of Status Desired Status Desired Fee Required
666 71ST STREET MIAMI BEACH FL 33141 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW !!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. CPD GANS, CHARLES 400 MIDLAND DRIVE ASHEVILLE NC 28804 CITY-ST-ZIP GANS, DALIAH 400 MIDLAND DRIVE ASHEVILLE NC GANS, DALIAH 400 MIDLAND DRIVE ASHEVILLE NC CITY-ST-ZIP GANS, DALIAH AME REET ADDRESS ITY-ST-ZIP CITY-ST-ZIP TILE AME REET ADDRESS ITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITLE AME REET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ITLE	Name	7. Name and Address of New Registered Agent
MIAMI BEACH FL 33141		(P.O. Box Number is Not Acceptable)
A. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. TITLE GANS, CHARLES 400 MIDLAND DRIVE GANS, DALIAH 400 MIDLAND DRIVE ASHEVILLE NC 28804 CITY- TILE SD GANS, DALIAH ASHEVILLE NC TITLE ASHEVILLE NC TITLE AME TREET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP TILE MME REET ADDRESS ITY-ST-ZIP ITLE ITTLE IT		
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ITTLE Delete TTTLE NAME STREET ADDRESS ITY-ST-ZIP Delete TTTLE IAME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS TTLE AME TREET ADDRESS TTLE TTTLE TT		Change Addition
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ME NAME STREET		Change Addition
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2. I hereby certify that the information supplied with this ling does but qualify for the examindicated on this report or supplemental report is true and accurite and that my simatum of the corporation or the receiver of trustee empowered to exercise the end of the corporation or the receiver of trustee empowered to exercise the end of the corporation or an attachment with an address work one tild one like empowered. SIGNATURE:		ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if <u>Alaca 3</u> <u>336-629-0551</u> Date Davine Phone #

URE:	SICHATURE	
	SIGNATURE AND TYPED OR PRINTED NAME	E OF SIGNING OFFICER OR DIF

1. 8 13003 <u>336-629-0551</u> Daytime Phone #

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