International and	DOCUMENT # 370599 1. Entity Name FIDELITY SERVICE CORPORATION						Apr 30, 2001 8:00 am Secretary of State				
Suite: Acit. #. OK Suite: Acit. #. OK During Suite: Acit. #. OK DU NOT WHITE IN THIS SPACE City & Swite City & Swite 4. FCI Number 59-1320420 [Applied For- [Mot Applicable] Zip Country Zip Country S. Contracte of Status Duelered [Stat 75 Address of New Registered Applied For Rear and Address of Current Registered Applied FURMAN, JACK S 1750 E. SuuRISE BL/D FORT LAUDERDALE FL 33304 Name Jarett S. Levan Status Duelered The above named andly submits the segment for the purpose of changing the registered applied Jarett S. Levan (U/2)(0/2) The above named andly submits the segment for the purpose of changing the registered applied ap	'50 E. SUNRIS	e Blvd.	1750 E. SUNRISE BLVD.				04-30-2001 90	100 020 *	***150.	00	
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(See criteria on back) Make Check Payable to Department of State Trust Fund Contribution Added to Fees IL OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ILE PDC ITLE Added to Fees Wit GRIECO, FRANK V IDelete ITLE Addition N=51:20 FORT LAUDERDALE FL Chrsn.p. Addition N=51:20 FORT LAUDERDALE FL Chrsn.p. Add:Ifon N=61 ST ITTLE ITTLE Add:Ifon N=61 ST ITTLE ITTLE Add:Ifon N=75:20 FORT LAUDERDALE FL Chrsn.p. Add:Ifon N=75:20 FORT LAUDERDALE FL Chrsn.g. ITTLE NAME N=62 CHENVONY, ANNE XX Delete ITTLE V Change XX Addition N=75:20 FORT LAUDERDALE FL ITTLE V Ittle V Ittle XX Addition N=75:20 FORT LAUDERDALE FL ITTLE NAME STRET ADDRESS ITTLE Ittle V Ittle Ittle V Ittle Ittle V <th>BIGNATURE _</th> <th>Sgnature, typec or printed name of Joss cred agent an aration is eligible to satisfy its Intangible</th> <th>Jarett S. Lev</th> <th>van ^{TE: Registerec} '!!! FEE</th> <th>Agent signature r</th> <th>cquired when re</th> <th>irstating)</th> <th>Ze o DATE</th> <th>\$5.0</th> <th>0 May Be</th>	BIGNATURE _	Sgnature, typec or printed name of Joss cred agent an aration is eligible to satisfy its Intangible	Jarett S. Lev	van ^{TE: Registerec} '!!! FEE	Agent signature r	cquired when re	irstating)	Ze o DATE	\$5.0	0 May Be	
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AME TREET ADDRESS ITY-ST-ZIP 3. 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 requiring by Chapter 607. Elorida Statutes: 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 requiring by Chapter 607. Elorida Statutes: and that my same anears in Block 11 or Block 12 or Bl	ITLE IAME TREET ADDRESS ITY-ST-ZIP		🗀 Delete	NAM STRE	E ET ADORESS		audervare, fb 3.		Change	🛄 Addition	
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$\operatorname{MGNATURE}: / \operatorname{AUL} / \operatorname{Jarett S. Levan} / (20) = 954 - 585 - 2710$		certify that the information supplied with	this filing does not qualify f	my signa	turo chall hau	a tha cama	logal offect as if made upder out	hitheat lease.	an attions	er director	