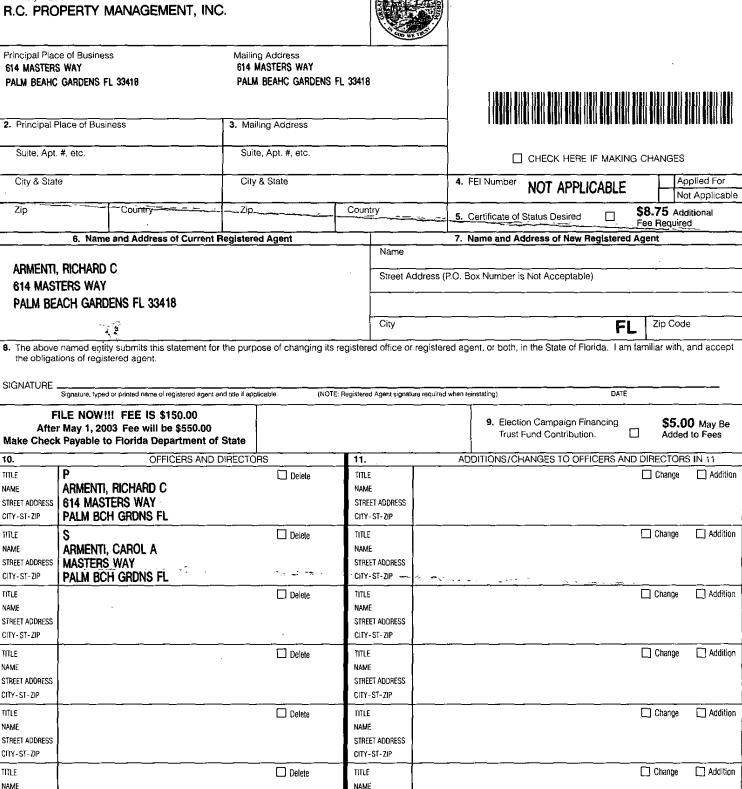
Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90387 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

514414 DOCUMENT

1. Entity Name



STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this filing does not

indicated on this report or supplemental report is true at of the corporation or the receiver or trustee empor

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

urate and that

Date

as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

qualify on the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director

Daytime Phone #

CR2E034 (10/02)