2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am Secretary of State

4 Emilia Nove	MENI# DI ACE REACTY		0470 041 ***158				
Principal Place of Business 1801 S. FEOGRAC DIGHWAY, SUITE 241 DELRAY BEACH, FL 33483					A0063183		
2. Principal P	lace of Business	3. Mailing Address 1801 S. FEDERSC Havy,			Subserve of the terms		
Suite, Apt. #, etc.		Suite, Apt. #, etc			- DO NOT WRITE IN THIS SPACE		
City & State	Country	City & State DEUDY BED Zip	Country	3483	FEI Number 59-174271.	—	ot Applicable
					Certificate of Status Desired	Fee Require	ed
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
حاه	Stroot A	Street Address (P.O. Box Number is Not Acceptable)					
3761W, HILSBORD BLVD, APT, # C - 101			Street Address (F.O. Box Number is 190) Acceptable)				
- •			·	·····			
Co	CONOT CREBK,	rc 33073	City -			FL Zip Cod	e
8. The above.	named entity submits this statement for	the purpose of changing its re	egistered office or	registered a	igent, or both, in the State of Floric	la.	-
SIGNATURE _	Signature ybed of sinted name of registered agent at	Low SOBN F. Indititle if applicable. (NOTE: R	ABS-7T Registered Agent signature	re required when	reinstating)	23 700 DATE	<u> </u>
	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! After SEPTEMBER 13, Make Check Payable	· 电电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电	oe \$750.00	10. Election Campaign Finan Trust Fund Contribution.		May Be to Fees
11.	OFFICERS AND D	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICE		
TITLE NAME STREET ADDRESS	JOHN F. ABBOT 3761 W. HILLSBO	80/3LVD, #C-101	TITLE NAME STREET ADDRESS			☐ Change	Addition }
CITY-ST-ZIP	COCONOT CREEK		CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BETTY ANN ABE 3761 W. HILLSBOR COCONUT CREEK,	BUYD, #C-101	NAME STREET ADDRESS CITY-ST-ZIP			Unange	
TITLE NAME STREET ADDRESS	Cocorot Grank,	Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

13. Thereby 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:

LOCALON JOHN F. ABBOTT

april 23, 2001 (561)392-980