Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Addition         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         BRAVERMAN,DONALD       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         2031 N.W. 82ND WAY       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         2031 N.W. 82ND WAY       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and the obligations of registered agent.       Image: Signature required agent.         SIGNATURE       Signature, typed or printed name of registered agent and their applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         FILE NOW!!!! FEE IS \$150.00       After May 1, 2003 Fee will be \$550.00       P. Election Campaign Financing Trust Fund Contribution.       Added to Image Trust Fund Contribution.       Added to Image Trust Fund Contribution.         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIREET ADDESS GIV-ST-2P       City-ST-2P         SURRES FL       SURRES FL       SURRES GIV-ST-2P       GIV-ST-2P       GIV-ST-2P <th>d For pplicable</th>	d For pplicable
2031 NW 82ND WAY     2031 NW 82ND WAY     2031 NW 82ND WAY       SUNRISE FL 33322     SUNRISE FL 33322       US     US       2. Principal Place of Business     3. Mailing Address       Suite. Apt. #, etc.     CHECK HERE IF MAKING CHANGES       City & State     City & State       City & State     Country       Surface of Status Desired     \$5. Certificate of Status Desired       BRAVERMAN,DONALD     Street Address of New Registered Agent       SURNISE FL 33322     City & State       City & State     City & State       City & State     City & State       SUNRISE FL 33322     Street Address (PO. Box Number is Not Acceptable)       SUNRISE FL 33322     City       City     FL       Zip Code     City       8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent.       SIGNATURE     Street S150.00       After May 1, 2003 Fee will be \$550.00       After May 1, 2003 Fee will be \$550.00       After May 1, 2003 Fee will be \$550.00       Make Check Payable to Florida Departmen	d For pplicable
Suite, Apt. #, etc.       Suite, Apt. #, etc.       CHECK HERE IF MAKING CHANGES         City & State       City & State       4. FEI Number 59-1773558       Applie         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75 Addition Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         BRAVERMAN,DONALD       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         2031 N.W. 82ND WAY       Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the obligations of registered agent and the obligations of registered agent and the applicable       Interm familiar with, and the obligations of registered agent and the applicable         SIGNATURE       Signature treed optimed neme of registered agent and the applicable       (NOTE Registered Agent signature maxing when reinstating)       Date         FILE NOW!!!!	d For pplicable
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City & State       City & State       4. FEI Number       59-1773558       Applie         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75       Addition Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Status Desired       \$8.75       Addition Fee Required         0       6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         BRAVERMAN,DONALD       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and the obligations of registered agent.       SiGNATURE       SiGNATURE       Signature, typed or printed name of registered agent and the # applicable.       (NOTE Registered Agent spritture required when reinstaling)       DATE         FILE NOW!!!       FEE IS \$150.00       After May 1, 2003 Fee will be \$550.00       Nate # applicable.       9. Election Campaign Financing Trust Fund Contribution, Added to I       Added to I         10	plicable
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12. 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 inform 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 d 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 10 or Bloc changed, or on an attach for the under same legal effect as if made under oath; that I am an officer or d 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 10 or Bloc changed, or on an attach for the trustee empowered.	ation
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Data Data Data Data Data Data Data Data	rector k 11 if

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