2003 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 UN	003 FOR PROF	ESS REPOR		FILED Apr 11, 2003 8:00 am Secretary of State					
DOCU	MENT # 5609	41				Secretar	y or Su	ate	Þ
1. Entity Nan						04-11-2003 901			
Principal Place of Business 1108 E. NEWPORT CENTER DR. DEERFIELD BEACH FL 33442 US Mailing Address 1108 E. NEWPORT CENTER DEERFIELD BEACH FL 33442 US					ļ				
2. Principal F	Place of Business	3. Mailing Address				1 1 10 16 1 (011 16 16 17 16 17 17 17 17 17 17 17 17 17 17 17 17 17	181 81811 81811 BIBLI 8 18		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Star	City & State	State			4. FEI Number 59-1807382		Applied For Not Applicable		
Zip	Country Zip		Country			5. Certificate of Status Desired	□ \$8.75 A		
	l	7. Name and Address of New Registered Agent							
				Name Fr	ank	Mennella			7
MANNELLA, FRANK 1108 E. NEWPORT CENTER DRIVE				Street Address (P.O. Box Number is Not Acceptable)					1
DEERFIELD BEACH FL 33442				1108 East Newport Center Drive					1
				Cireerf	ield	l Beach	FL Zin Si	ode 142	7
	e named entity submits this statement	for the purpose of changing its	registere	ed office or req	gistere	d agent, or both, in the State of Florida	a. I am familiar wit	h, and accept	
	4					,	10010000		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registere	d Agent signature re	equired w		/08/2003 DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	'I				9. Election Campaign Finance Trust Fund Contribution.	~ — ~~	.00 May Be led to Fees	
10.		D DIRECTORS	11.	<u> </u>		ADDITIONS/CHANGES TO OFFICE	BS AND DIRECTO)RS IN 11	-{
TITLE NAME	PSD Delete MENNELLA, FRANK 1108 E. NEWPORT CENTER DRIVE		TITLE				☐ Change		10/02)
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, ANDREW 1108 E. NEWPORT CENTER DRIVE		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE NAME	Delete				•		☐ Çhange	: Addition	
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip					
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip					
TITLE		☐ Delete	TITLE	ľ			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	1
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				et address ST-ZIP					
indicated of the cor	on this report or supplemental report	is true and accurate and that no powered to execute this report a	ny signat	ure shall have	the sa	tion 119.07(3)(i), Florida Statutes. I fur ime legal effect as if made under oath Florida Statutes; and that my name ap	; that I am an office	er or director	

Frank Mennella, President 4/8/03 954-596-4880

Date

Daytime Phone #