	Iness IRIVE #1107 009 usiness ess Drive #1.107 Country ame and Address of Current I LES DRIVE #1107 L 33009 Solution Statement for	Mailing Address C/O JACK SMALL TOO GARDEN ISLES DI HALLANDALE, FL 33(3. Mailing Address 100 Colden Isl Suite, Apt. #, etc. City & State Zip Registered Agent r the purpose of changing it MDC U and litte it applicable. (NO	RIVE #1107 009 US Les Drive #1107 Country Country Nafret Street Addre 100 Col	O1132004 Chr. A. FEI Number 59-1636607 5. Certificate of Sta 7. Name and Addr ess (P.O. Box Number is N Iden Isles Drive S gistered agent, or both, in t	tus Desired State Agent
C/O JACK SMALL 100 GARDEN ISLES D HALLANDALE, FL 33 2. Principal Place of B 100 Golden Isl Suite, Apt. #, etc. City & State Zip 6. Na SMALL, JACK 100 GARDEN ISL SMALL, JACK 100 GARDEN ISL SUITE 1107 HALLANDALE, FI 8. The above named e the obligations of re SIGNATURE SIGNATURE SIGNATURE TILE TD NAME WILSC	RIVE #1107 009 usiness Sprive #1.107 Country ame and Address of Current ES DRIVE #1107 L 33009 shifty submits this statement for ogistered agent weat or printed name of registered agent Fee is \$61.25 y May 1, 2004	C/O JACK SMALL 100 GARDEN ISLES DI HALLANDALE, FL 330 3. Mailing Address 100 Golden Isl Suite, Apt. #, etc. City & State Zip Registered Agent or the purpose of changing it MBLU and title if applicable. (NO 9. Efection Ca	009 US Les Drive #1107 Country Name Street Addre 100 Gal	O1132004 Chr. A. FEI Number 59-1636607 5. Certificate of Sta 7. Name and Addr ess (P.O. Box Number is N Iden Isles Drive S gistered agent, or both, in t	g-NP CR2E037 (10/03) Applied For Not Applicable tus Desired S8.75 Additional Fee Required ess of New Registered Agent of Acceptable) #1107 FL Zip Code he State of Florida. Lam familiar with, and accept / 1-/3-044
100 Golden Isl Suite, Apt. #, etc. City & State Zip 6. Na SMALL, JACK 100 GARDEN ISL SUITE 1107 HALLANDALE, FI B. The above named et the obligations of re SIGNATURE SIGNATURE SIGNATURE TILE TD WILSC	ES DRIVE #1.107 Country ame and Address of Current I LES DRIVE #1107 L 33009 antity submits this statement for spistered agent: Mark American speed or printed name of registored agent i Fee is \$61.25 y May 1, 2004	100 Colden Isl Suite, Apt. #, etc. City & State Zip Registered Agent or the purpose of changing it 100 U and litte il applicable. 9. Efection Ca	Country Nafre Street Addre 100 Col	O1132004 Chr. A. FEI Number 59-1636607 5. Certificate of Sta 7. Name and Addr ess (P.O. Box Number is N Iden Isles Drive S gistered agent, or both, in t	g-NP CR2E037 (10/03) Applied For Not Applicable tus Desired S8.75 Additional Fee Required ess of New Registered Agent of Acceptable) #1107 FL Zip Code he State of Florida. Lam familiar with, and accept / 1-/3-044
Zip 6. Na SMALL, JACK 100 GARDEN ISL SUITE 1107 HALLANDALE, FI HALLANDALE, FI B. The above named e the obligations of re Signature Signature Filing Due by 10. TD NAME WILSC	ame and Address of Current I LES DRIVE #1107 L 33009 shifty submits this statement for wgistered agent: ////////////////////////////////////	Tip Registered Agent or the purpose of changing it MQLU and title il applicable. (NO 9. Election Ce	Narfie Street Addre 100 Gal	 59-1636607 5. Certificate of Sta 7. Name and Addr ess (P.O. Box Number is N Iden Tsles Drive gistered agent, or both, in t 	The state of Florida. Lam familiar with, and accept
6. Na SMALL, JACK 100 GARDEN ISL SUITE 1107 HALLANDALE, FI B. The above named e the obligations of re SIGNATURE SIGNATURE SIGNATURE Filling Due b 10. TILE TD WILSC	ame and Address of Current I LES DRIVE #1107 L 33009 shifty submits this statement for wgistered agent: ////////////////////////////////////	Pregistered Agent Pregistered	Narfie Street Addre 100 Gal	7. Name and Addr ess (P.O. Box Number is N Iden Tsles Drive	ess of New Registered Agent of Acceptable) #1107 FL Zip Code he State of Florida. Lam familiar with, and accept /1-/3-044
SMALL, JACK 100 GARDEN ISL SUITE 1107 HALLANDALE, FI 8. The above named e the obligations of re SIGNATURE SIGNATURE SIGNATURE TILE TD NAME WILSC	LES DRIVE #1107 L 33009 antity submits this statement for sgistered agents where or printed name of registered agent of Fee is \$61.25 y May 1, 2004	or the purpose of changing it 1000 and title il applicable. (NO 9. Election Ca	Narfie Street Addre 100 Gol City ts registered office or reg	ess (P.O. Box Number is N Iden Isles Drive	ol Acceptable) #1107 FL Zip Code he State of Florida. Lam familiar with, and accept
the obligations of re SIGNATURE Filing Due b 10. Tille TMME WILSC	Agistered agent:	and title if applicable. (NO 9. Efection Ca	ts registered office or reg	2	he State of Florida. Tam familiar with, and accept
10. TITLE TD NAME WILSC		I Trust Fund	ampaign Financing	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
TITLE TO NAME WILSO		{	[11.	,14000 10 1 000	S TO OFFICERS AND DIRECTORS IN 10
	ON, SAM 74TH ST. APT 1118 BCH, FL	C Delete	TITLE NAME STREET ADDRESS CITY: ST- ZIP	······································	Change 🗍 Addition
STREET ADDRESS 100 GO	L, JACK OLDEN ISLES DRIVE #111 BEACH, FL_33009	07	TITLE NAMELAS STREET ADDRESS CITY-ST-ZIP		Change C Addition
STREET ADDRESS 3140 S	AUS, ABE S OCEAN DR #2011 ANDALE, FL 33009	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP-5-4	· · · · · · · · · · · · · · · · · · ·	Change Change Addition
STREET ADDRESS 2049 5	STEIN, JOSEPH S. OCEAN DRIVE, #602 ANDALE, FL	Deleje	TITLE with the term	314 *** 	Change Addition
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
indicated on this re of the corporation changed, or on an	eport or supplemental report is or the raceiver or trustee empty attachment with an address,	is true and accurate and that towered to execute. As repo	t my signature shall have ort as required by Chapte	e the same legal effect as if	rida Statutes. I further certify that the information imade under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if
SIGNATURE		PHINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	V	Date Daytine Phone #