## **FILED**

Feb 24, 2002 8:00 am
Secretary of State
02-24-2002 90078 001 ****61.25

1. Entity Nan	ne							, -	02-24-200	02 9007:	8 001 **	***61.25	;
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WELLINGTON FL 33414 WELLINGTON FL 33414													
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2. Principal F	Place of Busin	ness	3. Mailing	Address								HAN ANN AN	ill blait ibbi
Suite, Apt.	. #, etc.		Suite,	Apt. #, etc.					DO NO	T WRITE I	IN THIS SF	PACE	
City & Stat	te	<del></del>	City &	State				4. FEI Numb	59-2543	3691	<del></del> _	<u> </u>	oplied For
Zip		Country	Zip		Соц	intry		5 O Mr 1	<del></del> -			8.75 Ad	
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<del></del>	6. Name	and Address of Current	Registered A	gent		Name		7. Name and	d Address of	New Reg	istered A	gent	
Agent -		المعادات والمتعاضية فالمستعادات		<u>ue</u>	- <b>-</b> ,	\		10 Ban Numb	lews	<u> </u>	<u>e = </u>	. رسد یـ	· · · · · · · ·
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	OREST HIL												
	ON FL 334					City	Me	llina	fo (		FL	Zip Cod	3414
8. The above	named entit	y submits this statement fo	or the purpose	of changing its	registere	ed office o				e of Florid	a.		
		بر الماليا		<del></del>	7	11.		_		1 0	_^^		
SIGNATURE	_	THULLING		<u> </u>	shr_	N W	150 m	_=		17	01	<u>.</u>	
	Signature, type	or printed name of registered agent	t and little if applicab	le. (NOT	E: Registere	d Agent signal	ture required	when reinstating)			DATE		
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<del></del> !	FILE NOW	: FEE IS \$61.25		9. Election Car Trust Fund 0		•		\$5.00 May Added to Fees				Payable t of State	
10.	FILE NOW	7: FEE IS \$61.25				•	LJ		•	Dep	partmen	t of State	<b>.</b>
10. TITLE	P	OFFICERS AND DIR			11.	ion.	LJ	Added to Fees	•	Dep	AND DIRE	t of State	<b>.</b>
10. TITLE NAME	P RIGG, MAI	OFFICERS AND DIE	RECTORS	Trust Fund (	11. TITLE	ion.	LJ	Added to Fees	•	Dep	AND DIRE	CTORS IN	) 10
10. TITLE	P RIGG, MAI 12765 W.	OFFICERS AND DIE	RECTORS	Trust Fund (	11. TITLE NAM STRE	ion.	A	Added to Fees	HANGES TO C	Dep	AND DIRE	CTORS IN	) 10
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Thereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

| SigNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICEN ON DIRECTOR
| Date | Daytime Phone #

SIGNATURE: