/21/00-90105-050-\$61.25-\$61.25 ローロー・					FILED Apr 27, 2000 8:00 am Secretary of State				
rincipal Place of	of Business	Mailing Address			1	01-21-2000	0 90105 (050 ****	61.25
1501 West dr. Deerfield BCH fl 33442 US		3501 WEST DRIVE DEERFIELD BCH FL 33442-2085 US							
2. Principal Plac	e of Business	3. Mailing Address							
Suite, Apt. #, e	elc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SP	ACE	
City & State	•	City & State			4. FEI Number	59-2191581			olied For Applicable
Zip ·	~ ~ Country	Zip.,	Count	ry	5.≃Certificate o	of,Status Desired -	□_ \$1	8.75 Addi	
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New Reg			
			ļ.	Name Street Address	/BO Pay Number	r is Not Acceptable)		<u></u>	
LITNER, BEA 2064 CAMBF			-		- CONTROL				
DEERFIELD BEACH FL 33442			ļ-	City			FL	Zip Code	,——-
. The above na	arned entity submits this statement for t	he purpose of changing it	l s registered	l office or regist	tered agent, or both	n, in the state of Floric	da.		
B. The above na	F		TE: Registered /	Agent signature require	tered agent, or both ired when reinstating) .00 May Be ded to Fees	Make	DATE Check Partment (
3. The above na	gnature, typed or printed name of registered agent an	d ittle if applicable. (NO 9. Election Campaig Trust Fund Contril	TE: Registered /	Agent signature require	.00 May Be	Make	Check Partment of	of State	}
SIGNATURE SIGNAT	gnature, typed or printed name of registored agent and FILE NOW: FEE IS \$61.25 OFFICERS AND DIRE V D FRIEDMAN, LEONARD 2037 LYNDHURST J	d ittle if applicable. (NO 9. Election Campaig Trust Fund Contril	TE: Registered / on Financing bution. 11. TITLE NAME STREE	Agent signature requirements \$5. Add	.00 May Be	Make Dep	Check Parartment	of State	io j
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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 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.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #