200	1 UNIFO	RM BUSI	NESS REPO	RT (UE	BR)				
DOCU 1. Entity Nam	MENT #	A96000	0000323			· .			
MARINĒ	•	FIL	ED						
Principal Place of Business Mailing Address				01	MAY -	3 PM 12: C	5		
223 WILMINGTON WEST CHESTER PIKE CHADDS FORD PA 19317			215 NORTH EOLA DRIVE ORLANDO FL 32801	SE TAL	CRETAR LAHASI	Y OF STATE SEE, FLORID	A	II BBIN BBNA BBIBB MI	i a 31 000 inil 1 00 1
2. Principal Place of Business 364 WI/MIAGTON West ChesTex			3. Mailing Address						
Suite, Apt. #, etc. Build C Unit 6			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State GLEN MILLS PA			City & State			4. FEI Number	El Number 23-2836175 Applied For Not Applicable		
^{Zip} 19342	Cour		Zip	Country		5. Certificate of	Status Desired [\$8.75 A	Additional
	6. Name and Ac	dress of Current R	egistered Agent	Name		7. Name and A	ddress of New Regis	tered Agent	· · · · · · · · · · · · · · · · · · ·
BALLETTA			O Pov Numbori	s Not Acceptable)					
215 NORTH EOLA DR.				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32801				-05/30/0101094014 ****141.25 ****141.25					
	City	City Zip Code							
8. The above	named entity submit	ts this statement for t	he purpose of changing its	registered office	or registere	ed agent, or both,	in the State of Florida.		
SIGNATURE .		fill	LD						
9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE									OF STATE 1
as Shown o	on record.	\$990.00	in FLORIDA to d	te.			SEE REVERSE S	IDE FOR FEE INFO	
			AT IS A BUSINESS EN I NOT be changed on the						
12. DOCUMENT #	13.	1		ADDRESS CHANGE	ES ONLY				
NAME	A COMPANY OF THE PARTY OF THE P			STREET ADDRESS	369		ston West C		Ke.
TY-ST-ZIP CHADDS FORD PA 19317				CITY-ST-ZIP	G/e	NMIlls	PA 193	42	
DOCUMENT / NAME				STREET ADORESS			•		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
DOCUMENT# NAME				STREET ADDRESS			· 		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
DOCUMENT / NAME				STREET ADDRESS			•		
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS				STREET ADDRESS					
CITY-SI-ZIP				CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS			•		
CITY-ST-ZIP •	ertify that the informa	ation supplied with th	is filing does not qualify for t	CITY-ST-ZIP	ated in Sec	tion 119 07/3\/0 =	Florida Statutos I furth	er certify that the	information
the receive	on this report is true i er or trustee empowe	and accurate and the red to ex cepte this r	at my signature shall have a specific at my signature shall have a specific at my signature down as required by Chapter (RIDA CORPORATION)	re same legal effe 1620 Florida Sta	ect as if ma atutes	ade under oath; th	at I am a General Part	ner of the limited	partnership or
SIGNATURE BY: 4/24/01									
		THE AND TYPES OF PE	HERENAME OF STORMING OF WERE	**************************************			Date	Daytime Phone #	