2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F0100001023

S. Name and Address of Current Registered Agent C.T.CORPORATION SYSTEM DO NOT WRITE IN THIS SPACE 8. The above trained entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the orligications of registered agent. SIGNATURE SIGNATURE Registered Agent DO NOT WRITE IN THIS SPACE 8. The above trained entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the orligications of registered agent. SIGNATURE SIGNATURE Registered Agent DO NOT WRITE INTERPRETED AGENT STATE AGENT AGENT REGISTANCE STATE AGENT AGENT DO NOT WRITE INTERPRETED AGENT INTERPRETED INTE	1. Entity Nan	MENT # F010000010					
DO NOT WRITE IN THIS SPACE A FEI Number Applied For 777-0104921 Applied For 777-0104921 Replaced For Required For Requ	100 POPLAR AVE.		100 POPLAR AVE.				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: FILE NOW!!! FEE IS \$150.00	С			CE	01062004 No Chg. 4. FEI Number 77-0104921 5. Certificate of Status Des	-P CR2E034 sired	Applied For Not Applicable .75 Additional
### SIGNATURE Signature Signature regulate or printed parts and registered agent and the information supplied and the information supplied with the siling does not qualify for the exemption stated in Section 119,07(3)). Finds Statutes, I.f. the right made under certify that the information indicates or of an abstructure in the corporatory of the cooper of supplemental report is live and accourate and that mry separature shall have the same legal effect as if made under certify that the information of the corporatory of the cooper of supplemental report is live and accourate and that mry separature shall have the same legal effect of a finded under certify that the information of the cooper and my an appears in Block 10 or Block 11 if changed, or of an abstructure with an additions, with a filled and that my separature shall have the same legal effect of inflict and appears in Block 10 or Block 11 if changed, or of an abstructure with an additions, with a filled and appears in Block 10 or Block 11 if changed, or of an abstructure with an additions, with a filled and appears in Block 10 or Block 11 if changed, or of an abstructure with an additions, with a filled and appears in Block 10 or Block 11 if changed, or of an abstructure with an additions, with a filled that an an officer or director of the corporations the report or supplemental report is live and accourate and that my separature shall have the same legal effect as if made under cell, the state of an abstructure with an additions, with a fill the emprovered. SIGNATURE:	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD DO NOT WRITE						
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ITILE PRUNYON, MARK J SIRECT ADDRESS IO0 POPLAR AVE. LOWE, RODNEY K SIRECT ADDRESS SIRECT ADDRES	the obligat	tions of registered agent.	· · ·				liar with, and accept
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NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all byter like empowered. SIGNATURE: L. Grossmann 01/06/04 (800) 795–4447	NAME STREET ADDRESS CITY+ST-ZIP	GROSSMAN, DIANA 1521 ROSE GARDEN CT.			The second secon	era per ser e	
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SIGNATURE: 10 101/06/04 (800) 795-4447	12. I hereby of indicated of the corphanged,	certify that the information supplied with thi on this report or supplemental report is In- poration the receiver or trustee empower or of an attachment with an address, with	is filing does not qualify for the exer ue and accurate and that my signat ared to execute this report as requir all other like empowered.	nption stated in Secure shall have the seed by Chapter 607,	ction 119.07(3)(i), Florida Stat ame legal effect as if made u , Florida Statutes; and that my	utes. I further certify the derivation of the derivation of the derivative of the de	nat the information n officer or director lock 10 or Block 11 if
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #		URE: Nana do	LOSS Ma Diana	L. Gross		(800) 795-	-4447