Suite, Apt. #, etc.     DUNOT WRITE IN THIS SPACE       City & State     City & State     Applied For       Zip     Country     Zip     Country     S. Certificate of Status Desired     S27,5 Acadianal For Application       A. Harne and Address of Current Registrand Apent     Zip     Country     S. Certificate of Status Desired     S27,5 Acadianal For Application       B. Name and Address of Current Registrand Apent     Zip     Country     S. Certificate of Status Desired     S27,5 Acadianal For Application       DOL M. (SRR) S1.     Name     Name     Name     Name     Name       MART PL 33163     City     FL     Zip Code       X. The algree named entity submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida.       MART PL 33163     FILE NOWITH FEEL IS \$150.00 Make Check Pergabe to Department of State     Core       A. The algree named entity submits this statement for the purpose of changing its registered office or registered apent ap	1. Entity Na	JMENT # F010	00001568		Apr 03, 2002 8:00 am Secretary of State 04-03-2002 90006 043 ***150.00
198 ST ALEXA HWY RUTERFORD CA 9573       P0 60X 20 RUTERFORD CA 9573         2. Phrobal Place of Business       3. Mailing Address         Suide, Apl. #, etc.       Suide, Apl. #, etc.         City & State       City & State         City & State       City & State         Do NOT WHITE IN THIS SPACE       Not Applicable         City & State       Country         Zp       Country         Country       Zp         Country       Specification         Specification       Specification         Processes Of Augusta       Specification         Specification       Specification					-
Suite. Apl. #. etc.     Suite. Apl. #. etc.     DO NOT WRITE IN THIS SPACE       City & State     City & State     Cov & State     Applied Formation and the state and the	1991 ST HE	elena hwy	PO BOX 206	3	- 1 (10/1/10) 17/1 02/20 1/0/1 00/20 07/10 02/10 02/10 02/10 00/06 07/10 02/06 1/0/10 02/06 1/0/10
City & State       City & State       4. FEI Number       Applied For         Zip       Country       Zip       Country       State       4. FEI Number       Model and Applied For         B. Neme and Address of Current Registered Agent       Name       State Address of New Registered Agent       Name         OCK, MEL       Name       Name and Address of New Registered Agent       Name         DOCK, MEL       State Address of New Registered Agent       Name         NAMM F 1382D ST.       Name       State Address of New Registered Agent         MAM F 1382D ST.       Name       State Address of New Registered Agent         Name       State Address of New Registered Agent       Name         Too Optimis this statement for the purpose of changing its registered agent, or both, in the State of Florida.       State Address of Doth, in the State of Florida.         SignATTRE       Prevent, type or preduced agent of the purpose of changing its registered agent, or both, in the State of Florida.       Dott         Its corporation is digible to aslity its instance       Dott       Dott       Test Fund Comparing Financing       Address of Comparing Financing         Its corporation is digible to aslity its instance       Dott       Dott       Test Fund Comparing Financing       Address of Financing         Its corporation is digible to aslity its finance       Dott <t< td=""><td>2. Principal</td><td>Place of Business</td><td>3. Mailing Address</td><td>~×</td><td></td></t<>	2. Principal	Place of Business	3. Mailing Address	~×	
Zip     Country     Zip     Country     Zip     Country     Second Status Desired     Inter Applicable       6. Name and Address of Current Tregitatered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent     Second Status Desired     Second Status Desired Agent     Name     Second Status Desired Agent     Second Status Desired Agent <td>Suite, Apt</td> <td>t. #, etc.</td> <td>Suite, Apt. #, etc.</td> <td>···*</td> <td>DO NOT WRITE IN THIS SPACE</td>	Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	···*	DO NOT WRITE IN THIS SPACE
Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8,75 Additional Feb Registered Agent         B. Name and Address of Current Registered Agent       Name       7. Name and Address of New Registered Agent         DOCK, MEL 1600 NW 163PD ST. MAMI FL 33169       Name       7. Name and Address of New Registered Agent         Direct Address (P.O. Box Number is Net Acceptable)       Street Address (P.O. Box Number is Net Acceptable)       Cry         B. The abgive named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida       Cry       FL       Zip Code         SIGNATURE	City & Sta	ate	City & State	,,,,,,,,,,,,	
B. Name and Address of Current Registered Agent         Name         Name and Address of New Registered Agent           -DICK, MEL         Name         Name and Address of New Registered Agent         Name           1600 NW 163RD ST.         MAMI FL 33169         Street Address (P.O. Box Number is Not Acceptable)         City         FL         Zp Code           8. The algive named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida.         Street Address (P.O. Box Number is Not Acceptable)         Date           9. This corporation is eligible to satisfy its françoire         FILE NOW/IT FEE IS \$150.00 After May 1, 2002 Fee will be \$55.00 Make Check Payable to Department of State         10. Election Campaign Financing True Financing         \$5.00 May Be Addres Check Payable to Department of State           9. This corporation is eligible to satisfy its françoire True Financing         OFFICERS AND DIRECTORS         12.         AdDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           11.         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           11.         OFFICERS AND DIRECTORS         12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           11.         OFFICERS AND DIRECTORS         12.         Change         Addition           11.         OFFICERS AND DIRECTORS         12.         Change         Addition	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
DCK, MEL     too NW 163RD ST.     MAMI FL 33169      Street Address (P.O. Box Number is Not Acceptable)      City     FL     Zp Code      The algove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride.     SIGNATURE     Signature, yood or pristed some industry and the function of state of floride.     Signature, yood or pristed some industry and industry andindustry and industry and industry and industry and industry and in		6. Name and Address of Current	Registered Agent		is a second s
1600 NW 163RD ST. MIANI FL 33163       Steel Address (P.O. Box Number is Not Acceptable)         City       FL       Zip Code         City       FL       Zip Code         B. The algive named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.       State of Florida.         SIGNATURE       Signation, typed or potent tare of registered agent, or both, in the State of Florida.       Address (P.O. Box Number is Not Acceptable)         In the opportation is eight to tare of registered agent, purpose of changing its registered agent, or both, in the State of Florida.       Atter May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5,00 May Be Added to Fees         11.       OFFICERS AND DIRECTORS       Tak       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         MARTIN, FRLE       Ints       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Change       Addition         Make       Ints FT, HELENA HWY       Stitet Address       Ints       Change       Addition         Make       Sitet Address       Ints       Change       Indition       Ints       Ints       Ints       Ints         Make       Sitet Address       Ints       Ints       Ints       Ints       Ints       Ints       Ints       Ints <td></td> <td><b>6</b></td> <td></td> <td>Name</td> <td></td>		<b>6</b>		Name	
MIAMI FL 33169       City       FL       Zip Code         City       FL       Zip Code         B. The algore named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Poride.       State of Poride.         SIGNATURE				Street Address (	P.O. Box Number is Not Acceptable)
A. The algove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda.  SIGNATURE  Signature, typed or printed name of registered office of registered agent, or both, in the State of Fonda.  SIGNATURE  P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  PILE NOW/IIT FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  PIL OFFICERS AND DIRECTORS  PILE NOW/IIT FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State  PIL OFFICERS AND DIRECTORS  PILE NOW: MARTIN, ERLE MARTIN, ERLE MARTIN, ERLE MARTIN, ERLE MARTIN, ERLE MARTIN, ERLE STRET ADDRESS  PIGE ADDRES  PIGE A					:
SIGNATURE				City	FL Zip Code
TITLE       P       Delate       TTTLE         AMARE       MARTIN, ERLE       Delate       TTTLE         MARTIN, ERLE       1991 ST. HELENA HWY       STREET ADDRESS         TITLE       V       Delate       TTTLE         Street ADDRESS       STREET ADDRESS         TTTLE       S       Change         AME       SAGETADDRESS       STREET ADDRESS         TTT-ST-2P       TTTLE       Street ADDRESS         TTT-ST-2P       TTTLE       Change       Addition         MARE       SHOEMAKER, JAY       MALE       STREET ADDRESS      <			and title if applicable. (NO	TE: Registered Agent signature required	when reinstating) DATE
ITTLE V Delete TTLE Change Addition Addition Addition STREET ADDRESS CTY-ST-ZIP RUTHERFORD CA CT	<ul> <li>►</li> <li>9. This corp Tax filing (See crite</li> </ul>	Signature, typed or printed name of registared agent poration is eligible to satisfy its Intangible requirement and elects to do so. aria on back)	FILE NOW After May 1, 20 Make Check Paya	111 FEE IS \$150.00 202 Fee will be \$550.00 ble to Department of Stat	10. Election Campaign Financing     \$5.00 May Be       Trust Fund Contribution.     Added to Fees
MAKE     GALPER, CISELLE       1991. ST. HELENA. HWY     SIRET ADDRESS       ITY-ST-2IP     RUTHERFORD CA       TTLE     T       Delete     TTLE       AME     SHOEMAKER, JAY       ITRET ADDRESS     ISTRET ADDRESS       1991 ST. HELENA HWY     STRET ADDRESS       1991 ST. HELENA HWY     STRET ADDRESS       ITY-ST-ZIP     RUTHERFORD CA       TITE     Delete       TREET ADDRESS     ISTRET ADDRESS       1991 ST. HELENA HWY     STRET ADDRESS       ITY-ST-ZIP     RUTHERFORD CA       TITE     Delete       TITE     Delete       TITE     Delete       TITE     Delete       TITE     Change       Addition       NAME       COPPOLA, FRANCIS F       NAME       TITEE TADDRESS       1991 ST. HELENA HWY       TITE TREET ADDRESS       1991 ST. HELENA HWY       TITE TREET ADDRESS       TITY-ST-ZIP       RUTHERFORD CA       TITY-ST-ZIP       RUTHERFORD CA </td <td>P. This corp Tax filing (See crite 11. httle VAME STREET ADDRESS</td> <td>Signature, typed or printed name of registared agent poration is eligible to satisfy its Intangible requirement and elects to do so. aria on back)</td> <td>FILE NOW After May 1, 20 Make Check Paye</td> <td>111 FEE IS \$150.00         X02 Fee will be \$550.00         ble to Department of Stat         12.         TITLE         NAME         STREET ADDRESS</td> <td></td>	P. This corp Tax filing (See crite 11. httle VAME STREET ADDRESS	Signature, typed or printed name of registared agent poration is eligible to satisfy its Intangible requirement and elects to do so. aria on back)	FILE NOW After May 1, 20 Make Check Paye	111 FEE IS \$150.00         X02 Fee will be \$550.00         ble to Department of Stat         12.         TITLE         NAME         STREET ADDRESS	
AME SHOEMAKER, JAY ITHEET ADDRESS ITY-ST-ZIP ITTLE ITHE D ITHE D ITHE COPPOLA, FRANCIS F ITHELENA HWY ITHERFORD CA ITHE COPPOLA, FRANCIS F ITHELENA HWY ITHERFORD CA ITHE COPPOLA, FRANCIS F ITHELENA HWY ITHERFORD CA ITHE COPPOLA, ELENA HWY ITHERFORD CA ITHE COPPOLA, ELENA HWY ITHERFORD CA ITHE COPPOLA, ELENA HWY ITHERFORD CA ITHE COPPOLA, ELENA HWY ITHERFORD CA ITHERFORD CA ITHE COPPOLA, ELENA HWY ITHERFORD CA ITHERFORD CA ITHE COPPOLA, ELENA HWY ITHERFORD CA ITHERFORD CA	P. This corp Tax filing (See crite 11. hTLE VAME STREET ADDRESS CITY- ST-ZIP IITLE VAME STREET ADDRESS	Signature, typed or printed name of registared agent requirement and elects to do so. sria on back) OFFICERS AND P MARTIN, ERLE 1991 ST. HELENA HWY RUTHERFORD CA V WANG, GORDON 1991 ST. HELENA HWY	FILE NOW After May 1, 20 Make Check Paya DIRECTORS	111       FEE IS \$150.00         202       Fee will be \$550.00         bit to Department of Stat         12.         111LE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         STREET ADDRESS	te 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D     Delete     TILE     Change     Addition       AME     COPPOLA, FRANCIS F     NAME     NAME       1991 ST. HELENA HWY     STREET ADDRESS     CITY-ST-ZIP       ITLE     D     Delete     TITLE       O     Delete     TITLE     Change       AME     COPPOLA, ELEANOR     NAME       ITREET ADDRESS     TITLE     Change       ITLE     Delete     TITLE       ITREET ADDRESS     STREET ADDRESS       ITREET ADDRESS     STREET ADDRESS       ITREET ADDRESS     STREET ADDRESS       ITTY-ST-ZIP     COPPOLA, ELEANOR       ITREET ADDRESS     STREET ADDRESS       ITTY-ST-ZIP     CHANGE	9. This corp Tax filing (See crite 11. httle VAME STREET ADDRESS CITY-ST-ZIP IITLE VAME STREET ADDRESS CITY-ST-ZIP IITLE IITLE IITLE VIREET ADDRESS	Signature, typed or printed name of registated agent coration is eligible to satisfy its Intangible requirement and elects to do so. sria on back) OFFICERS AND P MARTIN, ERLE 1991 ST. HELENA HWY RUTHERFORD CA V WANG, GORDON 1991 ST. HELENA HWY RUTHERFORD CA S GALPER, GISELLE 1991 ST. HELENA HWY	FILE NOW After May 1, 20 Make Check Paya DIRECTORS	111       FEE IS \$150.00         D02       Fee will be \$550.00         bit to Department of Stat         12.         111.         NAME         STREET ADDRESS         CITY-ST-ZIP         ITTLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP	10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Image         Image       Addition         Image       Addition
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3. 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 Irue and accorate 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 discrete empower to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if	9. This corp Tax hiling (See crite 11. ITLE IAME TREET ADDRESS ITTY-ST-ZIP ITLE ITREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	Signature, typed or printed name of registated agent coration is eligible to satisfy its Intangible requirement and elects to do so. pria on back) OFFICERS AND P MARTIN, ERLE 1991 ST. HELENA HWY RUTHERFORD CA V WANG, GORDON 1991 ST. HELENA HWY RUTHERFORD CA S GALPER, GISELLE 1991.ST. HELENA HWY RUTHERFORD CA T SHOEMAKER, JAY 1991 ST. HELENA HWY RUTHERFORD CA D COPPOLA, FRANCIS F 1991 ST. HELENA HWY	FILE NOW     After May 1, 20     Make Check Payel      DIRECTORS     Delete     Delete     Delete     Delete	111       FEE IS \$150.00         D02       Fee will be \$550.00         bit to Department of Stat         12.         111.         TITLE         NAME         STREET ADDRESS         CITY-ST-ZIP	10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Change       Addition         Change       Addition         Change       Addition         Change       Addition
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