FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					May 29, 2002 8:00 am		
1. Entity Name		(a)				y of State 94 012 ***150.00	
BAKB-	K.Q COUNTRY OF 1	LORIDA. INC	. \	—			
[OO NOT WRITE	IN THIS S	PACE				
2. Principal Pla 2912 - Suite, Apt. #	ace of Business 13 15 15 15 15 15 15 15 15 15	3. Mailing Address 5440 Au 160 Suite, Apt. #, etc.	TOR hake	Ro.	DO NOT WRITE IN TH	IS SPACE	
City & State	- Im.	City & State	1	4.	FEI Number 59 - 2216352	Applied For Not Applicable	
ار کرد انگران	Country	ブァ (Loun)・ Zip 3411入	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
			Nami	7. 1	lame and Address of Current Registe	red Agent	
	DO-NOT WI	RITE	Stree	_ DAM & AM t Address (P.O.	A YEASEL Box Number is Not Acceptable)		
Additional Assessment over the second discountry,	IN THIS SP	ACE		5440	MICATOR HAKE LO.		
			City	ST.	CLOUD, F	L Zip Code	
8. The above r	named entity submits this statement for	the purpose of changing its	registered office	or registered a	gent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent ar	dittle if applicable (NOTE	E: Registered Agent sig	nature required when	reinstating) DATI	F	
9. This corpor	ation is eligible to satisfy its Intangible	January 1 - M		150.00	10. Election Campaign Financing	\$5.00 May Be	
lax filing re (See criteria	equirement and elects to do so. a on back)		UBR is \$61.2	25	Trust Fund Contribution.	Added to Fees	
11.	OFFICERS AND D	IRECTORS	TITLE C	1			
NAME	PID Years Frank E.	0	THTLE NAME				
STREET ADDRESS	SHYOMULGATOR has	ie ho.	STREET ADDRES	is l		4B (
CITY-ST-ZIP	Sr. Closs Fu	<u> ۱۱۵۸ کو</u>	CITY-ST-ZIP				
TITLE NAME	SID / Homes F		NAME				
STREET ADDRESS	Hankillhomas E. HISACANOR CAREK	\mathbb{R}_{9} .	STREET ADDRES	is			
CITY-ST-ZIP TITLE	57. CLOUP, FL.	34771	CITY-ST-ZIP				
NAME			NAME				
STREET ADDRESS			STREET ADDRES	is	DO NOT WRITE		
CITY-ST-ZIP TITLE		TITLE					
NAME	,		NAME		IN THIS SPA	NCE.	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	s		,	
TITLE			TITLE				
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	s			
TITLE			TITLE				
NAME			NAME				
STREET ADDRESS			STREET ADDRES	S 1		[

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Frank Z. Zease SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK E YEASEL MESIDENT 3-21-02
DIRECTOR Date

(407) 892-4400

Daytime Phone #