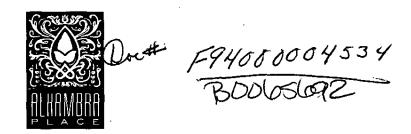
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # EQ4000004534

2001	1 UNI	FORM BUSI		FILED								
DOCU 1. Entity Nam		# F9400 0			,	Sep 17, 2001 8:00 am Secretary of State						
•		OWER COMPANY, II	NC.				09-1	7-2001 90	150 009 ***	*550.0	00	ŧ
Principal Place of Business 1700 E. LAS OLAS BLVD. PENTHOUSE II FT. LAUDERDALE FL 33301 US			Mailing Address 1700 E. LAS OLAS PENTHOUSE II FT. LAUDERDALE FL 33301 US									
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.						N THIS SPACE			
City & State			City & State			4. F	El Number 53-1	827315			olied For Applicable]
Zip Country		Country	Zip Count		try	5. Certificate of Status Desired S8.75 Addit Fee Required					tional	
6. Name and Address of Current Registered Agent						7. N	Name and Address	of New Reg	istered Agent			-
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301					Street Addre	ss (P.O. E	Box Number is Not A	Acceptable)		··-		
ivervive				~~ .	City				FL Zi	p Code		}
8. The above	e named entit	y submits this statement for	he purpose of changing it	s registere	ed office or regi	stered ag	ent, or both, in the	State of Floric	la.	•	·	
SIGNATURE .	Signature, typed	or printed name of registered agent an-	d title if applicable. (NO	TE: Registere	d Agent signature rec	quired when re	einstating)		DATE			
Tax filing :	_	ible to satisfy its Intangible and elects to do so.	FILE NOW After September 1 Make Check Paya	2, 2001			10. Election Car Trust Fund (cing .		May Be to Fees	1
11.		OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGE	S TO OFFICI	ERS AND DIRE	CTORS	IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ISAN IS OLAS BLVD PH2 RDALE FL 33301					☐ Change			☐ Addition	CR2F124 (5/01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONG, PH 1700 E LA		☐ Delete						c	hange	☐ Addition	ğ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FI. LAGUE	INDALE PL 33301	☐ Delete	TITLE NAMI STRE					c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE					□ C	hange	Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						<u></u> □ 0	nange	Addition	} }
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		į į	_			□ c	hange	Addition	
indicated of the cor	l on this repo rporation or tl	e information supplied with the receiver or trustee empowers achment with an address, wi	rue and accurate and that rered to execute this repor	my signat t as requi	ture shall have t	the stame	legal effect as if ma	d g∕ under oat	h;≴hatlamian	officer (or director	

SIGNATURE:

SIGNATURE REQUIRED



10 SEN 01

DIE SIRS

DUE TO THE TRADEDY THIS

MAY NOT BE DECEILED ON TIME.

DO NOT HASSEL US WITH A

LATE FEE: THMK YOU.

Presipent