

DOCUMENT # F98000006101

1. Entity Name

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Principal Place of Business	Mailing Address
2204 LAKESHORE DRIVE #100 BIRMINGHAM AL 35209 US	5775 BLUE LAGOON DR., STE. 400 ATTN: MARLA I. BERMAN, ESQ. MIAMI FL 33126-2034

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <div style="font-size: 1.5em; font-weight: bold; margin-left: 100px;">63-1063101</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Applied For</td> <td style="width: 50%; padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Not Applicable</td> <td style="padding: 5px;"></td> </tr> </table>	Applied For		Not Applicable	
Applied For					
Not Applicable					
5. Certificate of Status Desired	<div style="display: flex; align-items: center; justify-content: space-between;"> <input type="checkbox"/> <div style="text-align: right;"> \$8.75 Additional Fee Required </div> </div>				

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
UCC FILING & SEARCH SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHAPIRO, STANLEY I 5775 BLUE LAGOON DR., STE. 400 MIAMI FL 33126	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LEVINE, HOWARD 5775 BLUE LAGOON DR., STE. 400 MIAMI FL 33126	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUGHLIN, JAMES B III 2204 LAKESHORE DR., STE. 100 BIRMINGHAM AL 35209	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROOMS, BRYANT S 2204 LAKESHORE DR., STE. 100 BIRMINGHAM AL 35209	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P same as above SHAPIRO, STANLEY I 5775 BLUE LAGOON DR., STE. 400 MIAMI FL 33126	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERMAN, MARLA I 5775 BLUE LAGOON DR., STE. 400 MIAMI FL 33126	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Tie Shue, Henry C. 5775 Blue Lagoon Dr. #400 Miami, FL. 33126	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fredella, Todd 2204 Lakeshore Drive, #100 Birmingham, AL 35209	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nelson-Smith, Deborah 2204 Lakeshore Dr. #100 Birmingham, AL 35209	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burtram Clyde, Erin 2204 Lakeshore Dr. #100 Birmingham, AL 35209	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED 2/23/00 (305) 262-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)