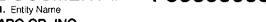
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT#

F99000006736





FILED Apr 10, 2003 8:00 am Escretary of State

ARC-GP,									04-10-200	03 90119 00	7 ***150	0.00
Principal Place 200 SOUTH A FORT LAUDE	ANDREWS AVE	ENUE	Mailing Address 200 South Andrews Avenue 11TH FLOOR FORT LAUDERDALE FL 33301									
2. Principal Place of Business				3. Mailing Address						11 111 11 111 11 111 10 11	9 0 10 10 10 10 10 10 10 10 10 10 10 10 10	
Suite, Apt.	#, etc.		Suite, Apt. #, etc. Legal Dept- 11th Floor				2	CHECK HERE IF MAKING CHANGES				
City & State			، - مسا	Fort Land, Fi				FEI Number	52-220715	07157 Applied For Not Applicable		
Zip Country			Zip	Zip 33301 Count			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
						Name						İ
CT CORP			Street A	ddress (P.O.	Box Number i	s Not Acceptab	ele)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324												
, = 4,,,,,,						City	FL Zip Code					
	e named entity tions of regist	y submits this statement for erect agent.	the purpos	se of changing its	registere	ed office o	registered a	gent, or both,	in the State of F	lorida. I am fan	niliar with, a	and accept
CLONIATURE	7.											
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applica	able. (NOTI	E: Registere	d Agent signat	ure required when	reinstating)	·	DATE	· · · · · · · · · · · · · · ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								1	ion Campaign f Fund Contribut			May Be to Fees
10.		OFFICERS AND D		· /	11.		A	 DDITIONS/CI	HANGES TO OF	FICERS AND D	IRECTORS	IN 11
TITLE	Р			Delete	TITLE		P				Change	Addition
NAME		RS, LAWRENCE			NAM	E	WILLIA	m N. F	LAMOND	TIT. UO		
STREET ADDRESS					ET ADDRESS	200 S. Andrews Avenue, Fortland Fr 33:						
CITY-ST-ZIP	f	IDERDALE FL 33301			-	-ST-ZIP		Haarews	HYENLO	hut laud,	<u>r 33</u>	3301
TITLE NAME	DV	A VAIC		Delete	TITLE		D/V			L	_ Change	Addition
STREET ADDRESS	MOOR, W	ATNE IDREWS AVE.		STRE			Douglas C. Laux 200 S. Andrews Avenue, Fort Land, Fr 3330					
CITY-ST-ZIP		IDERDALE FL 33301		,	CITY	-ST-ZIP	200 5	Andrew	us Avenu	ie. Fort L	aud fr	3330/
TITLE	DP			Delete	TITLE		\mathcal{D}				Change	Addition
NAME	WOOD, M				NAM		Goedo	NW.	Stewar	す		,
STREET ADDRESS CITY-ST-ZIP		DREWS AVENUE IDERDALE FL 33301				ET ADDRESS - ST-ZIP			os Avenu	o, Fortla	uD.h	33301
TITLE	S			☐ Delete	TITLE		D/V/	'S		Ţ	Change	Addition
NAME		Z, HOWARD			NAM							ļ
STREET ADDRESS CITY-ST-ZIP		H ANDREWS AVENUE IDERDALE FL 33301				ET ADDRESS -ST-ZIP						ļ
TITLE .	VT	DENDALL I'L GOOD!		☐ Delete	TITLE		DIVI			<u></u>] Change	Addition
NAME	WILSON, I	ELAND F			NAM		2/1/	/		_	··-···	
STREET ADDRESS	200 SOUT	H ANDREWS AVENUE				ET ADDRESS						
CITY-ST-ZIP	FURT LAU	DERDALE FL 33301			-	-ST-ZIP	~			_	7.00	T
TITLE NAME				☐ Delete	TITLE NAMI		D/AS	[V	Hurst, I] Change	Addition
STREET ADDRESS						E Et address	0. M	ASON A	Hurst, I	I.		
CiTY-ST-7IP						- ST., 7IP	200 5	Dodo	· In Ovice	E 10.11	\ C 2	3311

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statuted. 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 10 or Block 11 if changed, or on an attempt with an address, with all differ like empowered.

SIGNATURE: