**FILED** 

## 2003 FOR PROFIT CORPORATION

	003 FOR PRO			Jul 24, 2003 8:00 am
1. Entity Nam	MENT # G097			Secretary of State 07-24-2003 90113 036 ***550.00
Principal Place of Business 1340 WEST 30TH ST RIVIERA BEACH FL 33404		Mailing Address 1340 WEST 30TH ST RIVIERA BEACH FL 3340	24	
2. Principal Place of Business		3. Mailing Address		- - 1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2252548 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	<u>.l</u>	7. Name and Address of New Registered Agent
			Name	
BUTLER, CLINTON, JR 1520 NORTH 24TH COURT RIVIERA BEACH FL 33404			Street Address (	P.O. Box Number is Not Acceptable)
THINEMA DEACH FE 30404			City	FL Zip Code
	named entity submits this statemen tions of registered agent.	t for the purpose of changing it	s registered office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signature required	d when reinstating) DATE
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$7 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, ISAAC 919 S MANGONIA CIR WEST PALM BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN,ANNE 1581 W. 36TH ST. RIVIERA BCH. FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, CLINTON JR. 1520 N. 24TH CT. RIVIER BEACH FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, CARDELL E. 1010 W 3RD STREET RIVIERA BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		` Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. inton Buther, Jr - 07/21/03 (561)842-1349

**SIGNATURE:**