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**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

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DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		 DO NOT WRITE IN THIS SPACE	
1646 SW BILTMORE ST PORT SAINT LUCIE FL 34983 US		1646 SW BILTMORE ST PORT SAINT LUCIE FL 34983 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2392210</b>	
Zip		Country		Applied For	
Zip		Country		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<p>TURSCAK, PAUL T 1646 SW BILTMORE ST PORT SAINT LUCIE FL 34983</p>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<div style="border: 1px solid black; padding: 2px;">FL</div> 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)</p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution.</p>	<p><b>\$5.00</b> 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	P <b>TURSCAK, PAUL T.</b> <b>1646 SW BILTMORE ST</b> <b>PORT SAINT LUCIE FL 34983</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

561-3430300 or  
879-0393

CR2E034 (10/00)