2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24311

1. Entity Name

FILED Jan 18, 2000 8:00 am Secretary of State

Zip Country Zip Country Country Country 5. Certificate of Status Desired Agent St.75 Agent Address of New Registered Agent Name PAPY, CHARLES C., III 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FI 33134 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 9. This corporation is eligible to satisfy its Intrangible Tax Ring requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE DESIRE ADDRESS STRET ADDRESS STRET ADDRESS OITY-SI-2P PUNTA GORDA FL 111. STEET ADDRESS OITY-SI-2P PUNTA GORDA FL 112. Detection Campaign Financing Trust Fund Contribution Added to Make Check Payable to Department of State NAME STRET ADDRESS STRET ADDRESS OITY-SI-2P PUNTA GORDA FL 111. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE ADDRESS STRET ADDRESS STRET ADDRESS OITY-SI-2P OPENTA GORDA FL 111. OFFICERS AND DIRECTORS 112. OFFICERS AND DIRECTORS 113. OFFICERS AND DIRECTORS 114. OFFICERS AND DIRECTORS 115. OFFICERS AND DIRECTORS 116. OFFICERS AN	DEBRY	DEVELOPMENT, INC.					8-2000 900 <i>6</i> 7			· Ł
PLINTA GORDA FL 33950 PLINTA GORDA FL 33950-95019 2. Principal Place of Business	Principal Plac	ce of Business	Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE					}					
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Zip Country Zip Country 59-2008498 Not Zip Sp. 75 Address of Status Desired \$8.75 Address of Status Desired \$8.75 Address of Status Desired \$8.75 Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Zip Code Tell Sulfits 502 Coty FL Zip Code	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
Country Country Country S. Certificate of Status Desired \$8.75 Addition \$9.75 Addits \$9.75 Addition \$9.75 Addition \$9.75 Addition \$9.75 Add	City & State		City & State		4. 1	El Number	59-2508458	}		pplied For
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201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hyand or presend name of registered digner and bit of a applicable. (NOTE: Registered Agent signature sequence when mentatains) 9. This corporation is eligible to satisfy its intangible Tax Riling requirement and elects to do so. (After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS CITY-ST-ZIP DP DEBRY, JEAN M. 123 TROPICANA DR DEBRY, JEAN M. 123 TROPICANA DR PUNTA GORDA FL STEET ADDRESS CITY-ST-ZIP Delete TITLE Delete DERET ADDRESS DETACHORESS DETACHORESS DETACHORESS DETACHORESS DETACHORESS TOTS TA				Name				<u> </u>	<u> </u>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required whon renotating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS CITY-ST-ZIP 11. DP 12. DEBRY, JEAN M. 123 TROPICANA DR 123 TROPICANA DR 123 TROPICANA DR 121 Delete 111 Delete 112 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE STREET ADDRESS CITY-ST-ZIP 11. Change 12. Change 13. Change 14. Change 15. Change 16. Change 17. Change 17. Change 18. Change 19. Change	201 SUIT	ALHAMBRA CIRCLE E 502								
SIGNATURE Signature Spead or printed name of registered apent and side if applicable. (NOTE: Registered Agent alginature required when nervitating) DATE				City				FL	Zip Cod	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 inform	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	1-08	-00	CHECK	#	25	

of the corporation or the receiver of 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:

Tage Jean M. DE BRY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-08-100

I-94I-639.4970

Oaytime Phone #