FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 21, 2003 8:00 am Secretary of State

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Principal Place of Business 3. Mailing Address						
2. Principal Place of Business 786 S. Willitary Tro.: 3. Mailing Address Sque						
	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE	
			,			
City & Sta	<i>i. i</i>	City & State		4. FEI Number	Applied For	
Zin	COUNTY COUNTY	Zip	Country	59-2508000	Not Applicable	
334	42= USA=	21p	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
·				7. Name and Address of Current Regis	·	
			ELLAM H. RYMN	MAIN H. RUMN		
				Street Address (P.O. Box Number is Not Acceptable)		
			180	+86 S. Militmy Troje		
	IN THIS SP	ACE		•		
		;	1 City	- C- C 2040	FL Zip Code/y	
8. The above	a named entity submits this statement for	the purpose of changing its	registered office or	PAFIELD BEACH registered agent, or both, in the State of Florida. I	<u> </u>	
	itions of registered agent.		oglotalog omoc of	ogenored agents of both, in the state of horizon (an amilia with and accept	
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SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signature	e required when reinstating) D/	TE	
, Ja	nuary 1 - May 1 Fee is \$150.00	`. [1		
	After May 1, Fee is \$550.00 Amended UBR is \$61.25		•	S. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Chec	k Payable to Florida Department of S	State		i data and somisage,	- Added to rees	
10.	OFFICERS AND D	DIRECTORS				
TITLE NAME *	President WILLIAM H. RYAN		TITLE		3 2 2000-1-00	
STREET ADDRESS	786 S. Willtony Train	•	NAME STREET ADDRESS		ا موضد بهود :	
CITY-ST-ZIP	DeerFIELD Beach 1	FL 33442	CITY-ST-ZIP			
TITLE	Secretary / Treasures		TITLE		. 4819	
NAME	RICHARD J. RUAN		NAME			
STREET ADDRESS			STREET ADDRESS	and the second or the second of the second o	** ***	
CITY-ST-ZIP	DeerFIELD BEACH FL	33442	CITY-ST-ZIP			
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TITLE .	* 1 1 1 Po ;		TITLE			
NAME *			NAME			
STREET ADDRESS CITY-ST-ZIP		·	STREET ADDRESS			
		-1- 400	CITY-ST-ZIP			
of the co	certify that the information supplied with the on this report or supplemental report is a reportant or the receiver or trustes on open the with an address, with all other like en o	nis filling does not qualify for to the and accurate and that my vivide to execute this report by ered	ne exemption stated r signature shall hav as required by Cha	d in Section 119.07(3)(i), Florida Statutes. I further to the same legal effect as if made under oath; the pter 607, Florida Statutes; and that my name app	certify that the information at I am an officer or director lears in Block 10 or on an	