## FILED .Ian 30, 2002 8:00 am

1. Entity Nar	MENT # <b>H6456</b> COLOR HARDWOOD FLOO			Secretary 01-30-2002 90074	of State		
Principal Place of Business		Mailing Address					
1942 TIGERTAIL BLVD.  DANIA FL 33004		1942_TIGERTAIL_BLVD.  DANIA FL 33004		0.00.01.04.01			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-2564352	Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable  \$8.75 Additional		
	6. Name and Address of Current	Registered Agent		$\mathcal{L}$	Fee Required Agent		
144100 4	WW.BI 50 D		Name				
Knupp, Charles R. 1942 Tigertail BLVD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
Dania Fl	33004	Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Dimits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Inted name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  To satisfy its Intangible  FILE NOW!!!-FEE-IS-\$150.00					
					<b>-</b>   210 0000		
-	Signature, typed or printed name of registered agent pration. is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	/!!!=FEE-IS=\$150.00	10. Election Campaign Financing			
	ria on back)			ate .	Added to Fees		
<b>11.</b>	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AN	<del></del>		
TITLE NAME STREET ADDRESS	KNUPP, CHARLES	☐ Delete	NAME  CIPIET ADDRESS		☐ Change ☐ Addition		
CITY-ST-ZIP	1942 TIGERTAIL BLVD. DANIA FL		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS . KNUPP, CHARLES 1942 TIGERTAIL BLVD.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIA FL T KNUPP, CHARLES 1942 TIGERTAIL BLVD. DANIA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition		
CITY-ST-ZIP: TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby of	certify that the information supplied with	Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  or the exemption stated in Si	ection 119.07(3)(i), Florida Statutes. I further ce	Change Addition		
indicated of the cor changed,	on this report or supplemental report is poration or the receiver of rustle emper or on an attachment with an address.	true and accurate and that bwe/ed to execute this repor with all other like empowered	my signature shall have the t as required by Chapter 60 d.	ection 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath; that I 7, Florida Statutes; and that my name appears	am an officer or director in Block 11 or Block 12 if		

SIGNATURE: