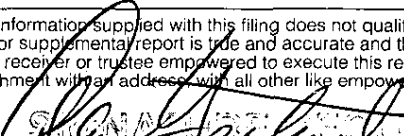


**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90182 039 \*\*\*158.75

מחלקת אג"מ

<b>DOCUMENT # J22574</b>			
<b>1. Entity Name</b> <b>PITMAN-HARTENSTEIN &amp; ASSOCIATES, INC., ENGINEERS</b>			
<b>Principal Place of Business</b> 7820 ARLINGTON EXPRESSWAY SUITE #640 JACKSONVILLE FL 32211 US		<b>Mailing Address</b> 7820 ARLINGTON EXPRESSWAY SUITE #640 JACKSONVILLE FL 32211 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
HARTENSTEIN, ALAN 7820 ARLINGTON EPWY SUITE 640 JACKSONVILLE FL 32211			Name
			Street Address
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
TITLE	DP	<input type="checkbox"/> Delete	
NAME	PITMAN, E. H., JR.		
STREET ADDRESS	4911 RIVER POINT RD		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE	TVS	<input type="checkbox"/> Delete	
NAME	HARTENSTEIN, ALAN		
STREET ADDRESS	3758 CRICKET COVE RD E		
CITY-ST-ZIP	JACKSONVILLE FL 32224		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>12.</b>			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 6033(c) of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the same effect as if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 603, F.S., had signed it, or on an attachment with an address with all other like empowered.</b>			
<b>SIGNATURE:</b>  <b>ALAN HARTENSTEIN</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			