2000 UNIFORM BUSINESS REPORT (UBR)

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S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAHN, MARVIN S301 OAKLAND ROAD SEBRING FL 33870 City FL Zip Co S. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to salisfy its Intangibles Tax filling requirement and elocits to do so. Make Check Payable to Department of State Address Adv 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Address Check Payable to Department of State SIRRIT AUBRISS OTHER SERRING FL Delete NAME SIRRIT AUBRISS OTHER SERRING FL Delete NAME SIRRIT AUBRISS OTHER AUBRISS	City & State	3	City & State			4.	FEI Number	59-2804005			pplied For	
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Street Address (P.C. Box Number is Not Acceptable) FL Zp Co City FL Zp Co City FL Zp Co City FL Zp Co 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 Intengitive Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Election Campaign Financing State Address To OFFICERS AND DIRECTORS 17. STORY ADDRESS 17. STOR		6. Name and Address of Currer	nt Registered Agent			7.	Name and A	Address of New Re		<u>`</u>		
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13. Thereby 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	STREET ADDRESS			STREE	ET ADDRESS							
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 office 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 changed, or on an attachment with an address, with all other like empowered.	indicated of the cor	on this report or supplemental repor- poration or the receiver or trustee em	t is true and accurate and that roowered to execute this repor	i my signati rt as requir	ure chall be	ave the com	a least effect	as it made Linder da	am inai i a	m an owce	i oi uiledi	