COULDENT # JG9953       (4)         GRAY PLAYER DESIGN COMPANY       (4)         GRAY PLAYER DESIGN COMPANY       Maining Address         Store Action of Names       Store Action         Directed Function Discusses       Maining Address         Directed Function Discusses       Store Action         Principal Function Of Markets R. 2001       Store Action         Directed Function Of Markets R. 2001       Store Action         Directed Function Of Markets R. 2001       Store Action         Directed Function       Action Directed Function         Directed Function       Action Directed Function         Directed Function       Action Directed Function         Directed Function       Store Action Directed Function         Directed Function       Store Action Directed Function         Directed Functi	F COR ANNU	LE NOW: FIL PROFIT PORATION IAL REPORT 1997	ING FEE		MAY 1 IS \$ FLORIDA DEPARTM Sandra B. I Secretary DIVISION OF CO	MENT OF STATE Mortham of State	FI May 08 1 Secreta		
Incered Huberbers     Maining Address       Store ALVD     Store ALVD       If B 201     Store ALVD       If B 201     Public Concernsol       If B 201     Store ALVD       Store ALVD     Store ALVD	DOCUN Corporation	MENT # J			(4)	· · · · · · · · · · · · · · · · · · ·			
Philosoft put of diverses  In SC C CENTRAL PARKARY Set Sub C Sub	930 RCA BLVI Suite 3001	þ		3930 RC Suite 3 Palm Bi	a Blyd 001	33410-4291	3. Date Incorporated or Qualified	3a. Date of Last F	
Subject Are Exc.       Subject Are Exc. <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>4. FEI Number</th><th></th><th>oplied For</th></td<>							4. FEI Number		oplied For
SQLTE       3.3.5       27       S. Certificato 10 Stutu Desired       Fae Required         City & State       City & State       S. Election Campaign Financing       \$5.00 Mey Be         74       Country       20       Doubley       State       \$5.00 Mey Be         74       Country       20       Doubley       Fae Required       \$5.00 Mey Be         74       Country       20       Doubley       Fae Required       \$5.00 Mey Be         74       21       AA CT / 1/U       20       Doubley       State Actives of State Biolity for Interplate tax unders 1 80 G2.         79       - Second Repared Agent       10. Name and Address of New Replatered Agent       10. Name and Address of New Replatered Agent         - Second Repared Agent       State Address (PO. Box Number is Not Acceptable)       51       Name         - Sectors 607 5002 and 607 500. Fonds State In merver-mered corporation submits this statement for the purpower of the appointent as registered agent at an annia with a daccepting childrators of Sectors 607 5002 and 607 500. Fonds State In merver-mered corporation submits this statement for the purpower of the appointent as registered agent at an annia and accepting childrators of Sectors 607 5002 and 607 500. Fonds State In the purpower and and accepting the appointent as registered agent at an annia and accepting childrators of Sectors 607 5002 and 607 500. Fonds State In the purpower and accepting the purpower adacepting the purpower adacepting the purpower adace and accepting t			PARKWAY				59-2793025		
City & State       City & State <td< td=""><td></td><td></td><td></td><td></td><td>, κρι. <b>#</b>, eic.</td><td></td><td>5. Certificate of Status Desired</td><td></td><td></td></td<>					, κρι. <b>#</b> , eic.		5. Certificate of Status Desired		
App       County       2.9       County       It is consistent has labeling for intengible fax under a 198 doze.         3/1979       Ist intengible fax under a 198 doze.       It is consistent has labeling for intengible fax under a 198 doze.       It is consistent has labeling for intengible fax under a 198 doze.         APPLEGATE, JANES R       It ist ist ist ist ist ist ist ist ist is	City & Coste				& State	·····	, , ,		
3/475-y       Test       Test Affilia       Test and address of Current Registered Agent         APPLEGATE, JANES R.       ID: Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         -SUTE 300-       SC CCNTLAL       PRALIMAY       61       Name         -SUTE 300-       SC CCNTLAL       PRALIMAY       61       Name       61       Name         -SUTE 300-       SC CCNTLAL       PRALIMAY       61       Name       62       Street Address (F:O. Box Number is Not Acceptable)         -SUTE 300-       SC CCNTLAL       First 345474       62       Street Address (F:O. Box Number is Not Acceptable)         -PALM BOH- GARDENS FL 39410       Street Address (F:O. Box Number is Not Acceptable)       62       Street Address (F:O. Box Number is Not Acceptable)         -PALM BOH- GARDENS FL 39410       Street Address (F:O. Box Number is Not Acceptable)       63       Street Address (F:O. Box Number is Not Acceptable)         -PALM BOH- GARDENS FL 39410       Street Address (F:O. Box Number is Not Acceptable)       FL       65       Zip Code         -Pale Address of Current Registered Agent       ID       Street Address (F:O. Box Number is Not Acceptable)       FL       63         -Street Address of Current Registered Agent       ID       ID       Street Address (F:O. Box Number is Not Acceptable)       FL	Zip	Cour	ilry			Country			
APPLEGATE, JANES R. -950 PCA BL/D -SUTT 235       [1] Name         -SUTT 2001 -PALM BOH-GARDENS FL 39400 -PALM BOH-GARDENS GD 2002 and 607.1508. For da Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registering agent, it is in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent fant bank with, and accept by Science 305. Solid Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent fant bank with, and accept by Science 305. Solid Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent fant bank with, and accept by Science 305. Solid Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent fant bank with and bank of the statement for the purpose of changing its registered agent fant bank with and bank of the statement for the purpose of changing its registered agent fant bank with and bank of the statement for the purpose of changing its registered agent fant bank with and bank of the statement for the purpose of changing its registered agent fant bank with and bank of the statement for the purpose of changing its registered agent fant bank with and bank of the statement for the purpose of changing its registered agent fant bank with and bank of the statement for the purpose of changing its registered agent fant bank with and bank of the statement for the purpose of change its fant bank of the statement for the purpose of change its fant bank of the statement for the purpose of change its fant bank of the statement for the purpose of change its registered agent fant fant bank of the statement for the purpose of change its fant bank of the statement for the purpose of change its fant bank of the statement fant bank of the st	34994	25 hi	ARTIN	29	3	0	Florida Statutes	Yes No	
Boot Pick REVID:     SUPER BOOT     SUPER     SUPER BOOT     SUPER BOOT     SUPER BOOT     SUPER BOOT						81 Name	10. Name and Address of New Re	gistered Agent	
PALM BOH - GARDENS FL SSMID - STUBPLY FL 34999     Ba     BA     City     FL     Ba     Zip Code     City     FL     Si     Zip Code     City     Si     Zip Code     City     FL     Si     Zip Code     City     Si     Zip Code     Zip Co			10 5	E CENT	FAL PARKW	AY Street Add	ress (P.O. Boy Number is Not Accepted		
	- <del>SU</del> IT	E 8001-		ITE 3	21 2 <b>49</b> 90	or other had			
Present to the provisions of Societies 607.0502 and 607.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing is registered agent, or tools, in the State of Forda. Such change was submiced by the corporation's board of directors. Thereby accept the appointment as registered agent are topic of the appointment as registered agent are topic of the appointment as registered agent. The topic of the appointment as registered agent are topic of the appointment as registered agent. The topic of the appointment as registered agent are topic of the appointment as registered agent. The topic of the appointment as registered agent are topic of the appointment as registered agent. The topic of the appointment are registered agent. The topic of the appointer agent agent. The topic of the agent agent agent. The topic of the agent agent agent agent agent agent agent agent agent. The topic of the agent agent agent agent agent agent agent agent agent. The topic	PALI	H BCH. GARDENS	FL-33410	STRAP	pc sing	83			
agont I am lamillar with, and accept be obligations of, Socion 607 0005, Fordia Stellage						64 City		FL <sup>85</sup> <sup>Zip</sup>	Code
Mill       APPLEGATE, JAMES R.       ID SEC (#:b1FR_AL, P(X*Y), SY, ITE 3>SY         Y:SL /#       -PALM BEACH GARDENS FL       SY, ITE 3>SY         Y:SL /#       -PALM BEACH GARDENS FL       SY, ITE 3>SY         IF       ID DELETE       21 TITLE         IF       ID DELETE       23 STRET ADDRESS         Y:SL /#       ID DELETE       21 TITLE         IF       ID DELETE       23 STRET ADDRESS         Y:SL /#       ID ELETE       24 GITY-S1-2#         VET ADDRESS       23 STRET ADDRESS         Y:SL /#       ID ELETE       24 GITY-S1-2#         VET ADDRESS       23 STRET ADDRESS         Y:SL /#       ID ELETE       24 GITY-S1-2#         VET ADDRESS       33 STRET ADDRESS         Y:SL /#       ID ELETE       24 GITY-S1-2#         VET ADDRESS       33 STRET ADDRESS         Y:SL /#       ID ELETE       1 TITLE         VET ADDRESS       34 GITY-S1-2#         VET ADDRESS       44 GITY-S1-2#         VET ADDRESS       44 GITY-S1-2#         VET ADDRESS       53 STRET ADDRESS         Y:SL /#       ID DELETE       1 TITLE         VET ADDRESS       54 GITY-S1-2#         VET ADDRESS       53 STRET ADDRESS <th>agent far SIGNATURE</th> <th>n familiar with, and ar</th> <th>ccept the obliga</th> <th>tions of, Sector Plant internation</th> <th>tion 607.0505, Florid</th> <th>Ca Statutes. A Co US ES Con Distriction Registered Agent signature requi</th> <th>red when reinslating)</th> <th>4758-97 DATE</th> <th></th>	agent far SIGNATURE	n familiar with, and ar	ccept the obliga	tions of, Sector Plant internation	tion 607.0505, Florid	Ca Statutes. A Co US ES Con Distriction Registered Agent signature requi	red when reinslating)	4758-97 DATE	
Seed AGA BLVD STE 3001- [D SCCEPTING 15/5]         Seed AGA BLVD STE 3001- [D SCCEPTING 15/5]         Seed AGA BLVD STE 3001- [D SCCEPTING 15/5]         PALM BEACH GARDENS FL.         Street Address         Y 51 7P         IF	ILE		(EC D			1 1		Change	RS IN 12
Y_S1_7P       PALM BEACH GARDENS FLSTUDE       STUDE       Change       Addition         IF       IDELETE       21 TITLE       Change       Addition         WE       22 NAME       35 STREFT ADDRESS	AME REFE ADDRESS			DSECEP	SUITE 325				Addition
M4     22 NAME       RE1 AUDRESS     23 STREFI ADDRESS       Y. SI-7/P     2 4 CITY: ST-ZP       LE     DELETE       31 TITLE     Change       Addition       M6     32 STREFI ADDRESS       Y. SI-7/P     2 4 CITY: ST-ZP       LE     DELETE       31 STREET ADDRESS       Y. SI-7/P     2 A CITY: ST-ZP       LE     3 STREET ADDRESS       Y. SI-7/P     Change       LE     DELETE       41 ADDRESS     3 STREET ADDRESS       Y. SI-7/P     Change       LE     DELETE       41 ADDRESS     4 CITY: SI-7/P       LE     DELETE       51 ADDRESS     4 STREET ADDRESS       Y. SI 2/P     4 CITY: SI-7/P       LE     DELETE       SI STREET ADDRESS     4 STREET ADDRESS       Y. SI 2/P     4 CITY: SI-7/P       LE     DELETE       SI STREET ADDRESS     5 STREET ADDRESS       Y. SI 2/P	TY-ST ZIP	PALM BEACH GA	RDENS FL_	STUART	FL 34994				
LEFT ADDRESS       23 STREET ADDRESS         Y. SI-2/P       24 CITY-ST-2P         LE       DELETE         Addition         ME       32 MAME         ACT ADDRESS         Y-SI-2/P         LE       DELETE         33 STREET ADDRESS         Y-SI-2/P         34 CITY-ST-2/P         35 STREET ADDRESS         Y-SI-2/P         34 CITY-ST-2/P         35 STREET ADDRESS         Y-SI-2/P         34 CITY-ST-2/P         35 STREET ADDRESS         Y-SI-2/P         34 CITY-ST-2/P         CE1 ADDRESS         Y-SI-2/P         LE         ME         42 NAME         42 NAME         43 STREET ADDRESS         Y-SI-2/P         LE         ME         44 CITY-ST-2/P         LE         DELETE       S1 TITLE         S2 NAME         S3 STREET ADDRESS         Y-SI-2/P         LE       DELETE         S1 Z/P         LE       DELETE         S4 GITY-S1-2/P         LE       DELETE         S5 GE	TLF				DELETE			Change	Addition
Y. SI-2IP       2.4 CITY-ST-ZP         LF       DELETE         Addition         ME         Addition         ME         Addition         ME         BELETE         Street ADDRESS         Y-SI-2IP         BELETE         DELETE         ALCITY-ST-ZIP         BELETE         DELETE         ALCITY-ST-ZIP         BELETE         DELETE         ALCITY-ST-ZIP         BELETE         DELETE         ALCITY-ST-ZIP         Change         Addition         ME         CELEDENES         Y-SI-ZIP         BELETE         ALCITY-ST-ZIP         ALCITY-ST-ZIP         ALCITY-ST-ZIP         ALCITY-ST-ZIP         ALCITY-ST-ZIP         STREET ADDRESS         Y-SI-ZIP         LE         DELETE         STREET ADDRESS         Y-SI-ZIP         LE         DELETE         STREET ADDRESS         Y-SI-ZIP         LE         DELETE	AME DREET ADDRESS								ſ
ME     32 NAME       HEI ADDRUSS     33 STREET ADDRESS       Y-SF-7/P     34.017+ST-2/P       LE     DELETE       41 TITLE     Change       Addition       ME     43 STREET ADDRESS       Y-SF-7/P     44.017+ST-2/P       ME     43 STREET ADDRESS       Y-SF-7/P     44.017+ST-2/P       LE     DELETE       43 STREET ADDRESS       Y-SF-7/P     44.017+ST-2/P       LE     DELETE       STREET ADDRESS       Y-SF-7/P     44.017+ST-2/P       LE     DELETE       STREET ADDRESS       Y-SF-7/P       LE     Change       Addition       ME       HEI ADDRESS       Y-SF-7/P       LE       DELETE       STREET ADDRESS       Y-SF-7/P <t< td=""><td>17 - <b>SI -</b> ZIP</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	17 - <b>SI -</b> ZIP								
HEIT ADDRESS       33 STREET ADDRESS         Y-SI-2P       34 CITY-ST-2P         LE       DELETE       41 TITLE         ME       42 NAME         SEET ADDRESS       43 STREET ADDRESS         Y-SI-2P       44 CITY-ST-2P         LE       DELETE         STREET ADDRESS       43 STREET ADDRESS         Y-SI-2P       44 CITY-ST-2P         LE       DELETE         STREET ADDRESS       44 CITY-ST-2P         LE       DELETE         STREET ADDRESS       53 STREET ADDRESS         Y-SI-2P       54 CITY-ST-2P         LE       DELETE         STREET ADDRESS       53 STREET ADDRESS         Y-SI-2P       54 CITY-ST-2P         LE       DELETE         STREET ADDRESS       53 STREET ADDRESS         Y-SI-2P       54 CITY-ST-2P         LE       DELETE         G1 TITLE       Change         Addition       63 STREET ADDRESS         Y-SI-2P       64 CITY-ST-2P         LE       G1 CITY-ST-2P	ILE				L) DELETE			🛄 Change	Addition
Y-SI-7P       34. CITY-SI-7P         LE       DELETE       4.1 TiTLE       Change       Addition         ME       4.2 NAME       4.3 STREET ADDRESS       4.3 STREET ADDRESS         Y-SI-7P       4.4 CITY-SI-7P       Change       Addition         ME       DELETE       5.1 7P       Change       Addition         ME       DELETE       5.1 7P       Change       Addition         ME       DELETE       5.1 7P       Change       Addition         V-SI-7P       5.4 CITY-SI-7P       Change       Addition         ME       5.3 STREET ADDRESS       5.3 STREET ADDRESS       Change       Addition         V-SI-7P       5.4 CITY-SI-7P       Change       Addition       Change       Addition         ME       DELETE       5.1 STREET ADDRESS       5.3 STREET ADDRESS       Change       Addition         V-SI-7P       Change       OELETE       6.1 TITLE       Change       Addition         ME       Change       Addition       6.3 STREET ADDRESS       Change       Addition         V-SI-7P       Change       Addition       6.3 STREET ADDRESS       Change       Addition         V-SI-7P       Change       Change       Change       Ad	AME TREFT ADDRESS								
ME       4 2 NAME         GET ADDRESS       4.3 STREET ADDRESS         Y: S1 2P       44 CITY-ST-ZIP         LE       DELETE         S1 2P       DELETE         LE       DELETE         S1 STREET ADDRESS         Y-S1-ZIP       Change         Addition         ME         GET ADDRESS         Y-S1-ZIP         LE         DELETE         S1 STREET ADDRESS         Y-S1-ZIP         LE         DELETE         S1 TITLE         G1 STREET ADDRESS         Y-S1-ZIP         .1 Change         Addition         62 NAME         63 STREET ADDRESS         Y-S1-ZIP         .1 Cho herebry 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 information indicated	ty-SF-7IP	11					an a	·	
GET ADDRESS       43 STREET ADDRESS         Y: ST 2/P       44 CITY - ST - ZIP         LE       DELETE         ST 7.51 - ZIP       Change         Addition         ME         REET ADDRESS         Y: ST 2/P         LE         DELETE         STREET ADDRESS         Y: ST 2/P         LE         ME         REET ADDRESS         Y: ST 2/P         LE         DELETE         STREET ADDRESS         Y: ST 2/P         LE         OLLETE         STREET ADDRESS         Y - ST - Z/P         . I do 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that have	TLE				DELETE		······································	Change	Addition
Y - S1 - 2IP       44 CITY - S1 - 2IP         LE       DELETE         S1 - 7LP       Change         Addition         ME         REFE ADDRESS         Y - S1 - 2IP         LE         DELETE         S1 TITLE         S2 NAME         S3 STRIET ADDRESS         Y - S1 - 2IP         LE         DELETE         DELETE         S4 CITY - ST - 2IP         LE         DELETE         B1 TITLE         G1 STREET ADDRESS         Y - S1 - 7P         . I do 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; that have the certify that the certify that the certified Statutes and that my are identified Statutes and that my are identified by Chapter 607. Florida Statutes and that my area	AME IGFELADORESS								
ME     52 NAME       REFT ADDRESS     5.3 STRIET ADDRESS       Y - S1 - 2IP     5.4 CitY - ST - ZIP       LE     DELETE       B 1 TITLE     Change       Addition       ME       B 2 NAME       B 3 STREET ADDRESS       Y - S1 - ZIP       LE       DELETE       B 1 TITLE       B 2 NAME       B 2 NAME       B 3 STREET ADDRESS       Y - S1 - ZIP       . I do 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; that he certify that the properties true and accurate and that my signature shall have the same legal effects as if made under oath; that the certify strue performent in true and accurate and that my signature shall have the same legal effects as if made under oath; that the certify strue performent in true and accurate and that my signature shall have the same legal effect as if made under oath; that the certify a Statutes. I further certify that the made under oath; that the certify a Statutes. I further wather the same legal effect as if made under oath; that the certified Statutes. I further wather the certified Statutes. I further wather the same legal effect as if made under oath; that the certified Statutes. I further wather the certified Statutes. I further wather the certified Statutes. I further wather the certified t	TY-SE ZIP								
REFT ADDRESS       5.3 STREET ADDRESS         Y-SI-2IP       54 CITY-SI-2IP         LE       DELETE         61 TITLE       Change         Addition         ME         REFT ADDRESS         Y-SI-2IP         LE         DELETE         61 TITLE         62 NAME         63 STREET ADDRESS         Y-SI-7P         . I do 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he certify that the provered to execute this report as required by Chapter 607. Florida Statutes and that my and	ILE				DELETE			Change	Addition
Y - S1 - 2IP       5.4 CITY - ST - ZIP         LE       DELETE         6.1 TITLE       6.1 TITLE         ME       6.2 NAME         RET ADDRESS         Y - S1 - ZP       6.3 STREET ADDRESS         Y - S1 - ZP       6.4 CITY - ST - ZIP	ME REET ADDRESS								
62 NAME     62 NAME     63 STREET ADDRESS     7-SI-7P     64 CITY- ST-ZP	nrr i Aduncas IY - S) - ZiP								
63 STREET ADDRESS     63 STREET ADDRESS     64 CitY-ST-ZP	llE				DELETE			Change	Addition
<u>7-SI-ZP</u> <u>64 CITY-SI-ZIP</u> <u>64 CITY-SI-ZIP</u> <u>64 CITY-SI-ZIP</u> <u>7-SI-ZP</u> <u>7-SI-ZP-ZP-ZP-ZP-ZP-ZP-ZP-ZP-ZP-ZP-ZP-ZP-ZP-</u>									
. I do 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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that have on diverting the comparison or the receiving or trustee amovered to execute this report as required by Chapter 607. Florida Statutes, and that my pame.									
tam an officer or director 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 12 or Block 13 if changed, or on an attachment with an address.	AME THEET ACIDRESS MY-ST-Z P						·	. <u></u>	
THE DIRG A LT. LEADER FOR THE PARTY AND A	hellaúdress ty-st-zp Lido heret	iy certify that the infor n indicated on this an	mation supplied nual report or st	with this filin	ng does not qualify annual report is true	64 CITY-ST-ZIP	d in Section 119.07(3)(I), Florida Statute t my signature shall have the same lega	s. I further certify that I effect as if made ur	the der oath; that