DOCUI	MENT # J73802 estems, inc.	NESS REPOR	RT_	(UBF	-	FILI May 22, 200 Secretary	01 08:0			
Principal Place 200 WEST CAN SUITW C BOCA RATON 33432	MINO REAL	Mailing Address 200 WEST CAMINO REAL SUITW C BOCA RATON 33432	us	FL						
2. Principal P	ace of Business	3. Mailing Address 200 WEST CAMINO REAL							-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. suite ϵ				DO NOT WRITE IN THIS SPACE				
City & State BOCA RATON		City & State BOCA RATON				FEI Number 5-0008944			plied For t Applicable	
Zip 33432	Country us	Zip 33432	Count us	ry	5. Certificate of Status De		ssired S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		Name	7. [Name and Address of Ne	w Registered	Agent]
TAYLOR G. D.										
200 W CAM BOCA RAT	,		Street Address (P.O. Box Number is Not Acceptable)						-	
33432	US			City FL Zip Code						-
9. This corpo	named entity submits this statement for Signature, typed or printed name of registered agent ar viration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)		Registered FEE	Agent signatu	re required when re		05/22		0 May Be to Fees	1
11.	OFFICERS AND D	DIRECTORS	12.	-	ΑC	DDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS	S TAYLOR RICHARD J 200 W CAMINO REAL	☐ Delete	TITLE NAME STREET		P TAYLOR	RICHARD J MINO REAL		X Change	Addition	E034 (11/00)
CITY-ST-ZIP	BOCA RATON	FL 33432	I	ST-ZIP	BOCA RAT		FL	33432		034
TITLE NAME STREET ADDRESS	P TAYLOR GEORGENE DAVIS 200 W CAMINO REAL BOCA RATON			ET ADDRESS		GEORGENE DAVIS IINO REAL		™ Change	Addition	CR2E
CITY-ST-ZIP	BOCARATON	FL 33432		ST-ZIP	BOCA RAT	ION	FL	33432		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			<u>,</u>			☐ Change	☐ Addition	_
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREE					☐ Change	Addition	_
of the cor	ertify that the Information supplied with t on this report or supplemental report is to coration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that my vered to execute this report as	CIMPAL	ura enau na	wa tha coma	local offect on if made use		am an afficer	ar diractor	
SIGNAT		INTED NAME OF SIGNING OFFICER OR	DIRECT	OR .	F	9 05/22/2001 Date		Daytime Phone #		