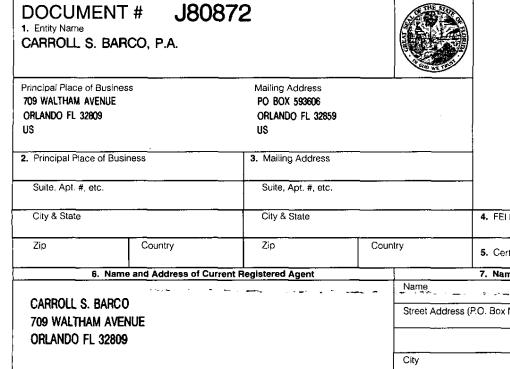
## FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90183 004 \*\*\*150.00



CHECK HERE II	F MAKIN	NG CHA	NGES .		
. FEI Number FO 0040004	El Number En 2040004		Applied For		
59-2819831			Not Applicable		
. Certificate of Status Desired		\$8.75 Additional Fee Required			
Name and Address of New Re	gistere	d Agent			
and well	-		··-		
Box Number is Not Acceptable)					

		1		
8.	The above named entity submits this statement for the purpose of changing its register	red office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	-		

SIGNATURE

CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete BARCO, CARROLL S. NAME NAME STREET ADDRESS 709 WALTHAM AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am 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 10 or Block 11 if changed, or or achment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE