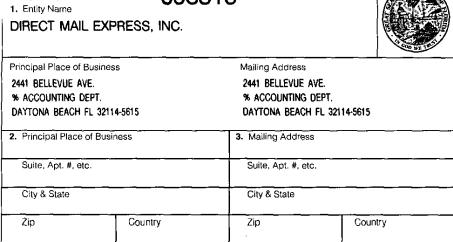
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J93816



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90141 020 ***150.00

Principal Place of Business 2441 BELLEVUE AVE. % ACCOUNTING DEPT. DAYTONA BEACH FL 32114-5615 2. Principal Place of Business		Mailing Address 2441 BELLEVUE AVE. % ACCOUNTING DEPT. DAYTONA BEACH FL 32114-5615 3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State			4. F	4. FEI Number 59-2849752			oplied For ot Applicable
Zip	Country	Zip	ip Country		5 . C	S. Certificate of Status Desired			ditional ed
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
PANAGGIE, MICHAEL J. 2441 BELLEVIE AVE #400				Street Address (P.O. Box Number is Not Acceptable)					
DAYTONA BEACH FL 32144				City	 -	FL Zip Code			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									
10.	OFFICERS AND	<u></u>		<u>.</u> ADI	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANAGGIO, MICHAEL 2441 BELLEVUE AVENUE DAYTONA BEACH FL	☐ Delete						Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J.				_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1	•		C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	☐ Delete	CITY-	ET ADDRESS -ST-ZIP	dia Constitution	10.07(0)(1.5)		Change	Addition

rnereby certify that the information supplied with this filling 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 supplierpental faport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trusteelempowered 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 on an attachment with an address, with all other like empowered.