106509 AV

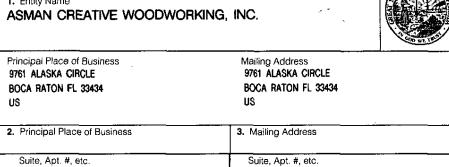
FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90348 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41008

1. Entity Name



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☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0084366 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KROSS, JONATHAN P. Street Address (P.O. Box Number is Not Acceptable) 7301 W PALMETTO PARK RD SUITE 200 C **BOCA RATON FL 33433** City 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 stripted, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ■ Addition TIFLE ☐ Change Delete TITLE NAME ASMAN, WAYNE E. NAME STREET ADDRESS 9761 ALASKA CIR STREET ADDRESS CITY-ST-7IP **BOCA RATON FL** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME ASMAN, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 9761 ALASKA CIRCLE CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE . _ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 oath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

361482.12

Daytime Phone #