| DOCUMENT # KG7545       Apr 23, 20         Century 21 MID ATLANTIC PROPERTIES INC.       Apr 23, 20         Principal Place of Business       Mailing Adoress         KL CARK, III       * HL CARK, III         How Principal Place of Business       * HL CARK, III         * HC CARK, III       * HL CARK, III         How Principal Place of Business       * Mailing Adoress         * ML CARK, III       * HL CARK, III         How Principal Place of Business       * Mailing Adoress         * ML CARK, III       * ML CARK, III         State, Arg, et et:       * State, Arg, et et:         * State, Arg, et et:       * State, Arg, et et:         * State, Arg, et et:       * State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:         * State, Arg, et et:       State, Arg, et et:   |  | UNIFORM BUSI                                | NESS REPOF                      | RT (UBR                | <b>!)</b>       |   | FI                   | LED                     |                              |  |
|--|--|---|---------------------------------|------------------------|-----------------|---|----------------------|-------------------------|------------------------------|--|
| Out-23-2000 900      Out-23-2000      Out-23-2000      Out-23-2000      Out-23-2000      Out-23-2000      Out-23-200      Out-23-2000      Out-23-200      Out-23-20           | 1. Entity Name   |   |                                 |                        |                 | Apr 23, 2000 8:00 am<br>Secretary of State                  |                      |                         |                              |  |
| Principal Place of Business       Mailing Address         W HL, CARK, II, HE, MARK, II, HE, MARK, II, HE, MARK, II, HE, MARK, II, HE, SASS, SSO         Principal Place of Business       N.H. CARK, II, HE, MARK, II, HE, MARK  |  |   |                                 |                        |                 | <b>Secretary of State</b><br>04-23-2000 90061 029 ***150.00 |                      |                         |                              |  |
| Here BartingE on. NE<br>PAILM BAY FL 3255       Here BartingE on. NE<br>PAILM BAY FL 3255 350         Principal Place of Business<br>Solid. Acit 4, ric:       3. Mail rag bodress<br>Discussion Discussion       Discussion Discussion         Solid. Acit 4, ric:       Suid. Acit 4, ric:       Discussion       Discussion         Chi A Sata<br>Discussion       Suid. Acit 4, ric:       Discussion       4. FEI Number       Do NOT WRITE IN FL<br>Discussion         200<br>30 4005       Dante<br>Discussion       Carter<br>Discussion       A. Fei Number       Do Not WRITE IN FL<br>Discussion         200<br>30 4005       Dante<br>Discussion       Carter<br>Discussion       A. Fei Number       Do Not WRITE IN FL<br>Discussion         200<br>30 4005       Dante<br>Discussion       Carter<br>Discussion       A. Fei Number       Do Not WRITE IN FL<br>Discussion         200<br>30 4005       Dante<br>Discussion       Carter<br>Discussion       Stock Address of New Register<br>Discussion       Discussion       Discussion         8. The above named entity duping this offerent to the purpose of changing its togliabred diffice of reg barend agent, or both the State of Florida       Marine Transmitter Discussion       Marine Transmitter Discussion         8. The above named entity duping this offerent to the purpose of changing free register<br>Discussion fract diffice purpose and register Discussion       The State of Florida         8. The above named entity duping this offerent to the purpose dine reflocate<br>Discussion fract diffice of reg parenet d  | Principal Place o  | of Business                                 | Mailing Address                 |                        |                 |   | 012520005            | 10,000                  | 0.00                         |  |
| Solita And L. Gazt       Solita And L. Gazt       Do Nortwell and Market  | % H.L. CLARK. III<br>1460 BAYTREE DR., N.E.<br>PALM BAY FL 32905 |   | 1460 BAYTREE DR., N.E.          |                        |                 |   |                      |                         |                              |  |
| Choice       Donation       Choice       Donation       Donation         Strike Act is end       Donation       Donation       Donation       Donation       Donation         Strike Act is end       Donation       Donatio   | -  |   |                                 |                        |                 |   |                      |                         |                              |  |
| IN to Dation During the particul During Difference of Difference of the particul During Difference of Differe                                | 70 Brin  | an D. Clark                                 | Yo Binan D. Clark               |                        |                 | DO NOT WRITE IN THIS SPACE                                  |                      |                         |                              |  |
| Burn Box     Burn Box     District     District       32905     Country     5. Certificate of Status Desired       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       BRAIN D CLARK     Steel Address (PO. Box Number is Not Acceptable)       922 MINA AVE NE     Steel Address (PO. Box Number is Not Acceptable)       922 MINA AVE NE     Steel Address (PO. Box Number is Not Acceptable)       924 MINA AVE NE     Steel Address (PO. Box Number is Not Acceptable)       926 MINA AVE NE     Steel Address (PO. Box Number is Not Acceptable)       926 MINA AVE NE     Steel Address (PO. Box Number is Not Acceptable)       927 MINA AVE NE     Steel Address (PO. Box Number is Not Acceptable)       928 MINA AVE NE     The above named entity submits this southment to the purpose of changing its registered agent, or boty. In the State of Florida.       8. The above named entity submits this southment to the purpose of changing its registered agent, or boty. In the State of Florida.       928 MINA AVE NE     The above named entity submits this southment of State.       928 MINA AVE NE     The Address of  | 1460 8   | Sautree DiveNE                              | 1460 Bertier Dive NE            |                        |                 |   |                      |                         |                              |  |
| 32405     Juniced     32405     Personal     Personal <td colspan="2">Palm Ban, H</td> <td colspan="2">Kelm Bay, Fr</td> <td></td> <td></td> <td>59-2934365</td> <td>j</td> <td>t Applicable</td>  | Palm Ban, H  |   | Kelm Bay, Fr                    |                        |                 |   | 59-2934365           | j                       | t Applicable                 |  |
| BRAIN D CLARK<br>962 MINA AVE NE<br>PALM CITY FL 32907       Name<br>Streat Address (P.O. Box Number is Not Acceptable)         9. The above named entity submits this softwent for the purpose of changing its registered affice or registered agent, or boty in the State of Florida.       Sireat Address (P.O. Box Number is Not Acceptable)         9. The above named entity submits this softwent for the purpose of changing its registered affice or registered agent, or boty in the State of Florida.       Sireat Address (P.O. Box Number is Not Acceptable)         9. This corporation is eligible to satisfy its Intengible<br>Tax lifting requirement and elocits to do so.<br>(See orienter on back)       FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$350.00<br>Mike Check Payable to Department of State       10. Election Campaign Financing<br>Trust Fund Contribution.         11.       OFFICERS AND DIFFECTORS       12.       ADDITIONS/CHANGES TO OFFICERS         11.  | 32909  | 5 Burnard                                   | 32905 1                         | ~ ´                    | 3               | <u> </u>  | -                    | Fee Required            |                              |  |
| BRAIN D CLARK<br>962 MINA AVE NE<br>PALM CITY FL 32907       Street Address (P.O. Box Number is Not Acceptable)         9. The above named antity autorits this sufferent for the purpose of changing its registered after or registered agent, or both in the State of Florida.         8. The above named antity autorits this sufferent for the purpose of changing its registered agent, or both in the State of Florida.         9. The corporation is eligible to satisfy its Intergible<br>Tax filing requirement and elects to do so.<br>(See criteria on back)       FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$350.00<br>Make Check Payable to Department of State       10. Election Campaign Financing<br>Trust Fund Contribution.         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS         11.       OFFICERS AND DIRECTOR   |  | 6. Name and Address of Current Re           | egistered Agent                 | Name                   |                 |   |                      | stered Agent            |                              |  |
| PALM CITY FL 32907         PALM CITY FL 32907         B. The above named entity submits this satement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida.         Signature: Si  |  |   |                                 |                        |                 |   |                      |                         |                              |  |
|  |  |   |                                 | 96                     | $\frac{1}{2}$   | lina  | Ave N                |                         |                              |  |
| SIGNATURE     The capacity is and or parties name of ingliftent leftin and test of ablactable     IDDEE Replaced Agent tegnature instantiation     44-17       9. This corporation is eligible to satisfy its Intrangible<br>Tax filing requirement and elects to do so:<br>(See criteria on back)     FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State     10. Election Campaign Financing<br>Trust Fund Contribution.       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS       11.     OFFICERS AND DIRECTORS     11.     Clark , Brian D.       12.     ADDITIONS/CHANGES TO OFFICERS     11.     12.       13.     Defete     TILE     NAME       11.     Defete     TILE     NAME       11.     Defete     TILE <t< td=""><td></td><td></td><td></td><td>City Q</td><td>2 m</td><td>Ban</td><td></td><td>FL Zip Code</td><td>1907</td></t<>  |  |   |                                 | City Q                 | 2 m             | Ban   |                      | FL Zip Code             | 1907                         |  |
| SUD-WORL       Symptot is protect a protect name of neglitized byten and start at difficultation       (NOTE Regulation dependence) when indicating)       D         9. This comporation is eligible to satisfy its Intangible<br>Tax filing requirement and elects to do so<br>(See criteria on back)       FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State       10. Election Campaign Financing<br>Trust Fund Contribution.         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS         13.       REFE NODRESS       12.       ADDITIONS/CHANGES TO OFFICERS         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS         11.       OFFICERS       TITLE       MARE       STRET ADDRESS         11.       OFFICERS       TITLE <td< th=""><th>. The above na</th><th>amed entity submits this statement for th</th><th>he purpose of changing its re</th><th>gistered office or</th><th>registered ag</th><th>gent, or both</th><th>the State of Florida</th><th></th><th></th></td<>   | . The above na   | amed entity submits this statement for th   | he purpose of changing its re   | gistered office or     | registered ag   | gent, or both   | the State of Florida |                         |                              |  |
| Signifiant: Speed or paralleline definition and list of definition       (NOTE: Replayered Apent signature required when refeatable)       D         9. This corporation is eligible to satisfy its Intengible<br>Tax filing requirement and elects to do so.<br>(See criteria on back)       FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State       10. Election Campaign Financing<br>Trust Fund Contribution         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS         11.       OFFICERS       12.       ADDITIONS/CHANGES TO OFFICERS         11.       OFFICERS AND W       STRET ADDRSS       13. REFERADORSS         11.       Oracle to the the the transmitter to the the the transmitter to the the transmitter to the the transmitter to the the transmitter to the transmitter to the the transmitter to the the transmitter to the  | GNATUBE  | - SAL                                       | 4L BR                           | LAN D                  | . CL            | ARK   | 4-1                  | 7-00                    |                              |  |
| Tax filing requirement and elects to do so.<br>(See criteria on back)       After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State       The Election Campaign Prinaticing<br>Trust Fund Control State         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS         ITLE       CLARK, BRIAN D.       Street ADDRESS       TITLE       AMAE         STREET ADDRESS       CLARK, BRIAN D.       Street ADDRESS       CITV-ST-2P       CLOWAL, BAY OFFICERS         ITTLE       AMAE       Street ADDRESS       CITV-ST-2P       PalLM BAY FL       Delete         ITTLE       Intel Control Contrelisticon Control Control Control Control Control Cont   | Sig  |   |                                 |                        |                 | reinstating)  |                      | DATE                    | <u> </u>                     |  |
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| STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     [] Delete       NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       13. 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 information suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. If  | ITLE   |   | Delete                          |                        |                 |   |                      | Change                  | Addition                     |  |
| NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       13. 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 information supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: It   | TREET ADDRESS  |   |                                 | STREET ADDRESS         |                 |   |                      |                         |                              |  |
| STREET ADDRESS CITY-ST-ZIP    STREET ADDRESS CITY-ST-ZIP    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 furthe indicated on this report or supplemental report is true and eccurate and that my signature shall have the same legal effect as if made under oath: II   |  |   | Delete                          |                        |                 |   |                      | Change                  | Addition                     |  |
| indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under path; the   | STREET ADDRESS   |   |                                 | STREET ADDRESS         |                 |   |                      |                         |                              |  |
| THE REPORT OF A DESCRIPTION OF A DESCRIP | indicated or   | in this report or supplemental report is tr | rue and accurate and that my    | signature shall ha     | ive the same    | e legal effect as   | it made under oatr   | n: that I am an officer | or director                  |  |
| of the corporation or the receiver a twisted on owered to brecute this report as required by Chapter 607, Florida Statutes; and that my name apper<br>changed, or on an attachment with an address, with all other like empowered.   | of the corpo   | oration or the receiver or mistee embow     | vered to execute this report as | required by Char       | oter 607, Flor  | rida Statutes; a  | nd that my name ap   | opears in Block 11 or   | Block 12 if                  |  |
| SIGNATURE:   | SIGNATU  | JRE:  | YUUB                            | RIAN                   | Δ. (            | CCAR,   | < 4-17-0             | <u>90 321 - 72</u>      | 3-4400                       |  |