1. Entity Nam	MENT # K89517		FILED Jan 10, 2001 8:00 Secretary of Sta							
Principal Plac	ee of Business	Mailing Address					001 9000 <i>6</i>			
21126 ST. ANDREWS BLVD. BOCA RATON FL 33433		21126 ST. ANDREWS BLVD. BOCA RATON FL 33433								
2. Principal P	Place of Business	3. Mailing Address	. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS	SPACE		
City & State		City & State			4. FEI Number 65-0121900		00	Applied For Not Applicable		7
Zip	Country	Zip	Country	у	<b>5.</b> Cer	tificate of Status Desired		\$8.75 Ad	ditional	
-	6. Name and Address of Current	Registered Agent	<u> </u>		7. Nan	ne and Address of New		· · · · · ·		1
	ED 801/05 E 84			Name -	= ==			-, - <del>-</del>		-
SILVER, BRUCE F PA 6100 GLADES ROAD SUITE 201				Street Address (P.O. Box Number is Not Acceptable)						]
	A RATON FL 33431	TON FL 33431		Zip Cod	te	-				
	named entity submits this statement fo				' ГЬ					-
Tax filing r	Signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so.		/!!! FEE !! !001 Fee w	vill be \$550.00		ating) 10. Election Campaign F Trust Fund Contribut			00 May Be d to Fees	}
11.	OFFICERS AND	DIRECTORS	12.		ADDI	TIONS/CHANGES TO OF	FICERS AND		S IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCININNI, ARTHUR 5122 NORTH SPRINGS WAY CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP				☐ Change	☐ Addition	2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCININNI, CAROLE 5122 NORTH SPRINGS WAY CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET CITY-S	i address st-zip				☐ Change	☐ Addition	CR2
TITLE  NAME STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			antingatings	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP				☐ Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS it-zip				☐ Change	☐ Addition	
indicated of the corp	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emptor on an attackment with an address, where the receiver of the receiver or on an attackment with an address, where the receiver of	strue and accurate and that owered to execute this repor	my signatu t as require d. ARTHO	re shall have the set of the set	ame lega , Florida	al effect as if made unde Statutes; and that my na:	roath; that I are appears in	am an office	r or director ir Block 12 if	