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ce of Business	Mailing Address			Lucratig 221	E. FLORIDA		
. VISTA DR. 32837	14041 SIERRA VISTA D ORLANDO FL 32837	R	,				
Place of Business	3. Mailing Address		. •				
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te .	City & State			4. FEI Number		المناف المناف	Applied For
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6. Name and Address of Curr	ent Registered Agent		James .	7. Name and Addre	ss of New Registe		
BIRCH, SYLVIA J 14041 SIERRA VISTA DR.				P.O. Box Number is Not	Acceptable)		
ANDO FL 32837						· · · · · · · · · · · · · · · · · · ·	·
		C	City	<del></del>	<del></del>	Zip Co	de
named entity submits this statemen	it for the purpose of changing	its registered o	ffice or register	ed agent, or both, in the	State of Florida. I	am familiar with	, and accept
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Signature, typed or printed name of registered ag				when reinstating)	DA	TE	
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	VISTA DR. 32837  Place of Business  #, etc.  Country  S. Name and Address of Curr  H, SYLVIA J  SIERRA VISTA DR.  ANDO FL 32837  Inamed entity submits this statementons of registered agent.  MANAGING MEM	VISTA DR.  32837  14041 SIERRA VISTA DORLANDO FL 32837  Place of Business  3. Mailing Address  #, etc.  City & State  City & State  Country  Zip  6. Name and Address of Current Registered Agent  H, SYLVIA J  1 SIERRA VISTA DR.  ANDO FL 32837  International Control of the purpose of changing one of registered agent.  International Control of the purpose of changing one of registered agent.  MANAGING MEMBERS/MANAGERS	VISTA DR.  14041 SIERRA VISTA DR. ORLANDO FL 32837  Place of Business  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  E. Name and Address of Current Registered Agent  SH, SYLVIA J  SIERRA VISTA DR. ANDO FL 32837  Consorting of registered agent and little if applicable.  (NOTE: Registered Agent FILE NOW!!! FEE  Make Check Payable to D  Due By September  MANAGING MEMBERS/MANAGERS  10.	VISTA DR.  14041 SIERRA VISTA DR. ORLANDO FL 32837  Place of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  6. Name and Address of Current Registered Agent  Name  Name  Name  Street Address (  City  named entity submits this statement for the purpose of changing its registered office or register ons of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  [NOTE: Registered Agent signature required  Make Check Payable to Department of Due By September 25, 2002	De of Business Mailing Address VISTA DR. 14041 SIERRA VISTA DR. ORLANDO FL 32837  Place of Business 3. Mailing Address  #. etc. Suite, Apt. #, etc.  G City & State 4. FEI Number  Country Zip Country 5. Certificate of State  8. Name and Address of Current Registered Agent 7. Name and Address  Name  Street Address (P.O. Box Number is Not Street Address (P.O. Box Number is Not Street Address (P.O. Box Number of Note) in the purpose of changing its registered office or registered agent, or both, in the purpose of priviled name of registered agent.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By September 25, 2002	De of Business  Mailing Address 1404 SERRA VISTA DR. ORLANDO FL 32837  Place of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  H, SYLVIA J  1 SIERRA VISTA DR. ANDO FL 32837  City  Street Address (F.O. Box Number is Not Acceptable)  Street Address (F.O. Box Number is Not Acceptable)  City  City	De of Business  Mailing Address VISTA DR. 1001 SIERRA VISTA DR. ORLANDO FL 32837  Place of Business  3. Mailing Address  #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  4. FEI Number  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired Fee Requi Fee Requi Fee Requi Name  Name  Name  Name  Name  Steer Address (F.C. Box Number is Not Acceptable)  Steer Address (F.C. Box Number is Not Acceptable)  City  FL  Zip Co  City  City  FL  Zip Co  Name and Address of Food agent, or both, in the State of Fiorida. I am tarnillar with one of registered agent.  City  FL  Zip Co  Name Address (F.C. Box Number is Not Acceptable)  Name City  FFL  Zip Co  Make Check Payable to Department of State  Due By September 25, 2002

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SHORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAM

Sept. 19th 2002 Date Daylors Phone #