2001	UNIFORM	BUSINESS	DEDADT	/IIDD
	OHIT OHM	DOSINESS	NEPURI	(VDN

1. Entity Nar		"# L19412 NT'L	, . ≥ <u>@</u>			A	pr 19, 2 Secreta 04-19-2001 9		8:0 f St	
9750 NW 33RD 209	CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065			·		r (44111 14111 1414) 71 816	e e e		*	
Principal Place of Business A. Mailing Address										
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPA		
	City & State City & State			<u> ,,</u>	4. FEI Number	65-0161235	1		pplied For ot Applicable	
Zip		Country	Zip	Country		5. Certificate of	Status Desired	□ \$8	3.75 Add e Require	ditional ed
	6. Nam	e and Address of Current Re	gistered Agent	Nam	12	7. Name and A	ddress of New Rec	istered Age	ent	
ELIMELECK, MORTON 9750 NW 33RD STREET, SUITE 209 SUITE 301 CORAL SPRINGS FL 33065				et Address (I	P.O. Box Number i	s Not Acceptable)	FL	Zip Cod	e	
9. This corporate flag filing respectively.	Signature, typed		FILE NOW!!! After MAY 1, 2001 Make Check Payable	Registered Agent si FEE IS \$15 I Fee will be to Departm	ignature required 50.00 \$550.00	when reinstating) 10. Electric	in the State of Florid	DATE		0 May Be I to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	9750 NW CORAL S	OFFICERS AND DIR CK, MORTON 33RD STREET, SUITE 209 PRINGS FL	alete	12. TITLE NAME STREET ADDRES CITY-ST-ZIP	SS 975	e Meléck	ST. # 209	×	RECTORS Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9750 NW CORAL S	ck, robert 33rd Street, Suite 209 Pring S		TITLE NAME STREET ADDRES CITY-ST-ZIP	DP ELIA 85 9754 LOR		08EAT 51. # 209 5,FL	<u> </u>	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3028 LYN	CK, PHYLLIS DHURST I D BCH FL	□ Defete □ -	NAME STREET ADDRES CITY-ST-ZIP	SS		•••	` [Change -	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		information supplied with this	☐ Delete	TITLE NAME Street addres City-St-Zip	SS				Change	Addition

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 11 or Block 12 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 DIKECTOR

4/13/01 954-344-7700 Date Daytime Phone #