Subset         Status         Status<	COI	E NOW: FILING FEE PROFIT RPORATION UAL REPORT 1998	FLORIDA DEPAR Sandra B.	IMENT OF STATE Mortham y of State	Mar 09 1998 8:00an Secretary of State
Prince of Business         Melling Address           Out or CPRSS CREEK RD SUITE 114         DD NOT WHITE IN THAS SPACE           DD NOT WHITE IN THAS SPACE         DD NOT WHITE IN THAS SPACE           SUITE 114         COUNT OF CREEK RD SUITE 114         DD NOT WHITE IN THAS SPACE           SUITE 114         State Art			· · ·		
2. Principal Place of Business         24. Multiply Address         4. Hundrer           21         Address         4. Fill Number         Index Address           21         State, Apr. etc.         65.03616999         Index Applicable           22         Controls of State Destroct         65.03616999         Index Applicable           22         Controls of State Destroct         65.03616999         Index Applicable           23         Controls of State Destroct         6. Controls of State Destroct         Fast Regulated           23         Controls         6. Destron Controls of State Destroct         State Address of Current Regiliatered Applicable           24         Controls         State Address of Current Regiliatered Applicable         10. Name and Address of New Regiliatered Applicable           25         Controls         State Address of Current Regiliatered Applicable         10. Name and Address of New Regiliatered Applicable           26         Diff. Address of Current Regiliatered Applicable         10. Name and Address of New Regiliatered Applicable           27         Controls         State Address of Current Regiliatered Applicable           28         State Address of Current Regiliatered Applicable         10. Name and Address of New Regiliatered Applicable           28         State Address of Current Regiliatered Applicable         27	1001 W CYP SUITE 114	RESS CREEK RD	1001 W CYPRESS CREEK SUITE 114		
2. Principal Flace of Business         28. Multing Actives.         4. FEI Number         Applied File           Suite, Apl #, etc.         55. (35.6)         Nat Applicable           Suite, Apl #, etc.         7         Suite, Applicable           City & Saite         6. Contificatio of Status Dealined         58.75.75.404510001           20         Causey         70         6. Election company Financing         Added to Fields           21         Causey         70         6. This corporation owe or has paid the countert year Instructure of the Registered Applicable           20         Saite         6. Election controls of the Registered Applicable         70         6. This corporation owe or has paid the countert year Instructure           21         Saite         70         6. This corporation owe or has paid the countert year Instructure         70           20         Saite         70         8. Them and Address of Ower Applicable         70           33         State ROAD         70         70         8. Them and Address of the RoAD Applicable           34         Fill Number         70         8. Them and Address of the RoAD Applicable         70           35         State ROAD         70         70         70         70         70           35         State ROAD         70				-	
Fill         Solid. April #, etc.	2. Principal F	Place of Business	2a, Mailing Address		
City & State     C	1	······································	26		65-0361699 Not Applicable
City & Static     23       20     Country       21     23       20     Country       21     23       20     Country       21     23       22     23       23     20       24     23       25     Country       26     Country       27     23       28     20       29     20       20     Country       28     20       29     20       20     Country       28     20       29     20       20     Country       28     Country       29     20       20     Country       20     Country       28     Stood Address (P.O. Box Number is Not Acceptable)       29     Stood Address (P.O. Box Number is Not Acceptable)       20     Contry     FL       20     Control Temperature of the purpose		. <b>#, e</b> lc.			5 Certificate of Status Desired
Zip         Country         Pro- Personal Property Tax clue June and Address of Normal Property Tax clue June and Address of Normal Property Tax clue June 30         None           BECKEFMAN, DAVID M. SSSS TOWN CENTER ROAD, SUITE 901 BOCA RATON FL 33496         61         Name and Address of Norm Registered Agent         61         Name and Address of Norm Registered Agent           Image: State Sta	City & Sta	to	City & State		
B. Nome and Address of Current Registered Agent     BECKERMAN, DAVID M.     S355 TOWN CENTER ROAD, SUITE 901     BOCA RATON FL 33466      BOCA RATON FL 33466      City     FL     eif     20     Core     City     FL     eif     20     Core		Country		Country	8. This corporation owes or has paid the current year Intangible
BECKERMAN, DAVID M. \$355 TOWN CENTER ROAD, SUITE BOT BOCA RATON FL 33466	4			30	
BOCA RATON FL 33486  BOCA RATON FL 33486  City  City  FL  as  Zip Code	BE			81 Name	
Image: Signate to the provisions of Sections 607 0002 and 607 1509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 1 am familer with, and accept the chigations of Section 607 0002 and 607 1509. Florida Statutes, the above named corporations board of directors. I hereby accept the appointment as registered agent 1 am familer with, and accept the chigations of Section 607 0002 Code, Florida Statutes.         SIGNATURE       Signate transmit on the provisions of Section 607 0002 and 607 1509. Florida Statutes.       Date: The section 607 0002 bits of the chigations are set of the section 607 0000. Florida Statutes.       Date: The section 607 0000 bits of the chigation of the section 607 0000 bits of the section 600			TE 901	82 Street A	Address (P.O. Box Number is Not Acceptable)
1. Pursuant to the provisions of Sections 60' 0002 and 60' 1508, Fonda Statutes, the above named corporation submits this statement for the purpose of hearing its registered agent, and accept the obligations of Section 80' 0005, Fonda Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of Section 80' 0005, Fonda Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of Section 80' 0005, Fonda Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of section 80' 0005, Fonda Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of accept the obligation obligatis accept the obligatis accept the obligatis acc	BC	JCA HATON FL 33486		83	······································
1. Pursuant to the provisions of Sactions 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was submoved by the corporation's board of directors. Thereby accept the appointment as registered agent, and facept the editydiators. (S. Section 607 0505, Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, and the day date. (S. Section 607 0505, Florida Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, and the date of					
agent. I am tarmal with, and accept the emigrations of, Section 607.0509, Fonda Statutes.         SIGNATURE         Signate typed is prime and the emigrations of agent and the 4 agent and				84 City	85 Zip Code
12.         OFFICE ITS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12           TITLE         DELETE         11 ITLE         SINET ADDRESS         SINET ADDRESS         SINET ADDRESS         Addition           BTREF ADDRESS         8728 NW SOTH DR         12 INV         SINET ADDRESS         VON         V: CryTABLE         CELETE         11 ITLE           INTLE         12 INV         SINET ADDRESS         VON         V: CryTABLE         CELETE         11 ITLE           INTLE         INTLE         INTLE         VON         V: CryTABLE         CELETE         I ITLE           INME         INTLE         I CONSCIENT 200         V: CryTABLE         CELETE         I ITLE           INME         IDELETE         21 ITLE         V: CryTABLE         CELETE         I ITLE           INME         IDELETE         21 ITLE         I Change         Addition           STRET ADDRESS         23 STREET ADDRESS         I ITLE         I Change         Addition           INTLE         IDELETE         I ITTLE         I ITLE         I Change         I Addition           INTLE         IDELETE         I ITLE         I ITLE         I ITLE         I ITLE         I ITLE           INTLE <t< th=""><th>11. Pursuant</th><th>to the provisions of Sections 607.0</th><th>502 and 607.1508, Florida Statute</th><th></th><th></th></t<>	11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute		
NAME     CTVINS, GARY I.       STREET ADDRESS     8728 NW SOTH DR       CORAL SPRINGS FL     14 CITY-ST-2P       CORAL SPRINGS FL     14 CITY-ST-2P       THE     DELETE       2 NAME     2 NAME       STREET ADDRESS     2 STREET ADDRESS       CITY-ST-2P     2 CITY-ST-2P       CORAL SPRINGS FL     DELETE       2 NAME     2 NAME       STREET ADDRESS     2 STREET ADDRESS       CITY-ST-2P     2 4 CITY-ST-2P       CITY-ST-2P     2 4 CITY-ST-2P       TITLE     DELETE       STREET ADDRESS     2 3 STREET ADDRESS       CITY-ST-2P     2 4 CITY-ST-2P       TITLE     DELETE       STREET ADDRESS     2 4 CITY-ST-2P       CITY-ST-2P     2 4 CITY-ST-2P       TITLE     DELETE       STREET ADDRESS     2 4 CITY-ST-2P       CITY-ST-2P     3 4 CITY-ST-2P       TITLE     DELETE       STREET ADDRESS     3 STREET ADDRESS       CITY-ST-2P     3 4 CITY-ST-2P       TITLE     DELETE       STREET ADDRESS     3 STREET ADDRESS       CITY-ST-2P     4 4 DIY-ST-2P       TITLE     DELETE       STREET ADDRESS     3 STREET ADDRESS       CITY-ST-2P     4 4 DIY-ST-2P       TITLE	agent. La	am familiar with, and accept the obl	igations of, Section 607.0505, No	is, the above-named uthorized by the corp rida Statutes.	Corporation submits this statement for the purpose of changing its registered boration's board of directors. I hereby accept the appointment as registered
STREET ADDRESS       8728 NW 50TH DR CORAL SPRINGS FL       1.3 STREET ADDRESS       voor w. cryptopto Celebox Roots -STR 11fe The Correst of the constraint of the constr	agent. I a SIGNATURE	am familiar with, and accept the obl Signature typed or printed name of registered. OF FICERS A	Igations of, Section 607.0505, Flo agent and tille if apple able (NOTE ND DIRECTORS	is, the above-named ulhorized by the corp rida Statutes. Registered Agent signature	Corporation submits this statement for the purpose of changing its registered boration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
COTX-ST-2P       14 CITY-ST-2P       Total       Change       Addition         TITLE       DELETE       21 TITLE       Change       Addition         NAME       22 NAME       23 NAME       24 CITY-ST-2P       Change       Addition         TITLE       DELETE       21 TITLE       2 CITY-ST-2P       Change       Addition         TITLE       DELETE       31 TITLE       Change       Addition         NAME       32 RAME       33 STRET ADDRESS       Change       Addition         STRET ADDRESS       33 STRET ADDRESS       Change       Addition         CITY-ST-2P       34 CITY-ST-2IP       Change       Addition         NAME       35 STRET ADDRESS       Change       Addition         STRET ADDRESS       33 STRET ADDRESS       Change       Addition         CITY-ST-2P       34 CITY-ST-2IP       Change       Addition         NAME       STRET ADDRESS       CITY-ST-2IP       Change       Addition         NAME       STRET ADDRESS       STRET ADDRESS       CITY-ST-2IP       Change       Addition         NAME       STRET ADDRESS       STRET ADDRESS       CITY-ST-2IP       Change       Addition         NAME       STRET ADDRESS       STRET ADD	agent. Fa SIGNATURE 12. TIFLE	am familiar with, and accept the obl Signature typed or printed name of registered a OFFICERS A	Igations of, Section 607.0505, Flo agent and tille if apple able (NOTE ND DIRECTORS	is, the above-named ulthorized by the corp ricia Statutes. Registered Agent signature <b>13.</b> 1.1 TITLE	Corporation submits this statement for the purpose of changing its registered boration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME         22 NAME           STREET ADDRESS         23 STREET ADDRESS           CITY-ST-ZIP         2 4 CITY-ST-ZIP           TTLE         DELETE           STREET ADDRESS         32 NAME           STREET ADDRESS         33 STREET ADDRESS           CITY-ST-ZIP         34 CITY-ST-ZIP           NAME         33 STREET ADDRESS           CITY-ST-ZIP         34 CITY-ST-ZIP           TITLE         DELETE           STREET ADDRESS         CITY-ST-ZIP           CITY-ST-ZIP         34 CITY-ST-ZIP           TITLE         DELETE           NAME         3 STREET ADDRESS           CITY-ST-ZIP         34 CITY-ST-ZIP           TITLE         DELETE           STREET ADDRESS         43 STREET ADDRESS           CITY-ST-ZIP         44 CITY-ST-ZIP           NAME         STREET ADDRESS           CITY-ST-ZIP         44 CITY-ST-ZIP           NAME         STREET ADDRESS           CITY-ST-ZIP         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           NAME         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           NAME         53 STREET ADDRESS           CITY-ST-ZIP <t< td=""><td>agent. Fa SIGNATURE 12. TIFLE NAME</td><td>am familiar with, and accept the obl Signature typed or printest name of registered a OFFICERS A PD CIVINS, GARY I.</td><td>Igations of, Section 607.0505, Flo agent and tille if apple able (NOTE ND DIRECTORS</td><td>is, the above-named uthorized by the corp rica Statutes. Registered Agent signature 13. 1.1 IIILE 1.2 NAME</td><td>Corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered     required when reinslating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change    Addition</td></t<>	agent. Fa SIGNATURE 12. TIFLE NAME	am familiar with, and accept the obl Signature typed or printest name of registered a OFFICERS A PD CIVINS, GARY I.	Igations of, Section 607.0505, Flo agent and tille if apple able (NOTE ND DIRECTORS	is, the above-named uthorized by the corp rica Statutes. Registered Agent signature 13. 1.1 IIILE 1.2 NAME	Corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered     required when reinslating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     Change    Addition
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CITY-ST-ZIP       2 4 CITY-ST-ZIP         TITLE       DELETE       31 TITLE         NAME       32 RAME         STREET ADDRESS       33 STREET ADDRESS         CITY-ST-ZIP       34.CITY-ST-ZIP         TITLE       DELETE         Addition       3.4.CITY-ST-ZIP         CITY-ST-ZIP       34.CITY-ST-ZIP         CITY-ST-ZIP       Change         Addition       Addition         NAME       DELETE         STREET ADDRESS       43.STREET ADDRESS         CITY-ST-ZIP       44.CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       43.STREET ADDRESS         CITY-ST-ZIP       44.CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       53.STREET ADDRESS         CITY-ST-ZIP       44.CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       53.STREET ADDRESS         CITY-ST-ZIP       54.CITY-ST-ZIP         TITLE       DELETE         STREET ADDRESS       53.STREET ADDRESS         CITY-ST-ZIP       54.CITY-ST-ZIP         NAME       53.STREET ADDRESS         CITY-ST-ZIP       64.CITY-ST-ZIP         CITY-ST-ZIP       64.CITY-ST-	BIGNATURE 12. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE	Am tamiliar with, and accept the obj Signature typed or printed name of rejutited a OFFICERS A PD CIVINS, GARY I. 8728 NW 50TH DR	Ignions of, Section 607.0505, Fio agent and title It apple able (NOTE ND DIRECTORS	is, the above-named ulthorized by the corp ricia Statutes. Fregistered Agent signature 13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 JILE	FL         corporation submits this statement for the purpose of changing its registered boration's board of directors. I hereby accept the appointment as registered         required when reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         Ki Change       Addition         Year       Structure         Addition       Change         Addition       Structure         Year       Cange
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