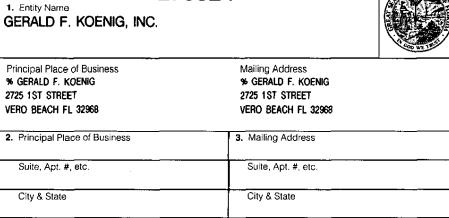
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) L73524

DOCUMENT #



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90368 013 ***150.00

						O WE .						
Principal Place of Business % GERALD F. KOENIG 2725 1ST STREET VERO BEACH FL 32968			% GEI 2725 1	Mailing Address % Gerald F. Koenig 2725 1ST Street VERO BEACH FL 32988					116	837 111 1 11 1		
2. Principal F	Place of Busi	ness	3. Mail	3. Mailing Address					N#191		EII 8/8// 188/	
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEI Number 59-3011475			Applied For Not Applicable		
Zip Country			Zip		Country	/	5. (Certificate of Status Desired		8.75 Add		
	6. Name	and Address of Cur	rrent Registere	d Agent			7. N	Name and Address of New Regist	ered Ag	jent		
						Name						
KOENIG, (gerald f.			Street Address			s (PO B	(P.O. Box Number is Not Acceptable)				
2725 1ST	STREET			Sileet Address			υ. D					
VERO BEA	ICH FL 329	968										
						City			FL	Zip Cod	e	
	named entitions of regis		ent for the purp	ose of changing its	s registered	office or regis	tered ag	ent, or both, in the State of Florida.	I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if appl	licable. (NOT	FE: Registered A	gent signature requ	ired when re	einstating)	DATE			
Afte	r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550 o Florida Departme	0.00					9. Election Campaign Financia Trust Fund Contribution	ng 🔲		0 May Be to Fees	
	- ayabie ti		AND DIRECTO	DC	11.		ΔD	DITIONS/CHANGES TO OFFICER	C AND D	NDECTOR	2 INI 11	
10 TITLE	ln.	OFFICERS	AND DIRECTO	□ Delete	TITLE	·	AL	DUTIONS/CHANGES TO OPPICER		Change	Addition	
NAME .	KOENIG, (2725 1ST VERO BEA	STREET		E Delete	NAME	ADDRESS T-ZIP				Cilalige	Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP			_	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS r-7IP	· - · · · · · · · · · · · · · · · · · · ·			Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS I-ZIP			. [Change	Addition	
TITLE NAME Street Address City-St-Zip				☐ Delete	TITLE NAME STREET	ADDRESS 1- ZIP			[Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: