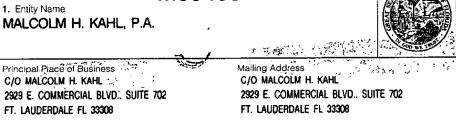
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

M50455 DOCUMENT #





	,		\$	nation (1987)			ATT.	ing St. Line Line					
,	M H. KAHL 🚕 Mercial Blvd.: S	Mailing Address C/O MALCOLM H. KAHL 2929 E. COMMERCIAL BLVD SUITE 702 FT. LAUDERDALE FL 33308											
2. Principal P	lace of Búsiness		3. Mail	3. Mailing Address							0.1011 61614 1601		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State	 e		City & State			4. F		4. FEI Number 59-2318177			Applied For Not Applicable		
Zip .	- 0	Zip		Coun	try	5. (Certificate of Status Desired		\$8.75 A Fee Requi		1		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
						Name							
KAHL, MALCOLM H. 2929 E. COMMERCIAL BLVD.						Street Address ((P.O. B	ox Number is Not Acceptable)				-	
SUITE 702	2												
FT. LAUDERDALE FL 33308						City	FL				Zip Code		
	named entity su ions of registered		r the purp	ose of changing its	register	ed office or register	red ag	ent, or both, in the State of Flor	ida. I am	familiar wit	h, and accept	ł	
SIGNATURE .	, Signature, typed or pri	nted name of registered agent	and title if app	licable. (NOT	E: Registere	d Agent signature required	d when re	einstating)	DATE				
Afte	r May 1, 2003 F	EE IS \$150.00 Fee will be \$550.00 orida Department o	f State					Election Campaign Fina Trust Fund Contribution			.00 May Be led to Fees		
10.		OFFICERS AND	DIRECTO	RS	11.		ΑC	DITIONS/CHANGES TO OFFI	CERS AN	DIRECTO	RS IN 11	1,	
TITLE NAME STREET ADDRESS	P KAHL, MALC 17626 FOXB	DROUGH LN		☐ Delete		EET ADDRESS				☐ Chang	e 🔲 Addition	00/07/	
CITY-ST-ZIP	BOCA RATO	N FL 33496			_	- ST-ZIP						<u>ا</u> کے	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete						Chang	e Addition	{	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Chang	e 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Delete						☐ Chang	e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			t.	☐ Delete	B '					☐ Chang	e 🔲 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						☐ Chang	e 🔲 Addition		
indicated of the cor	l on this report or rporation or the re	supplemental report i	s true and owered to	accurate and that execute this report	my signa : as requi	ture shall have the	same	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Statutes; and that my name	ath: that I	am an offic	cer or director		

SIGNATURE: