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PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT # M60281

(6)

JEFFREY M. SHEPPARD C.P.A., P.A.

NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	1776 NORTH PINE ISLAND ROAD STE 208 PLANTATION FL 33322 US					1776 N PINE ISLAND RD STE 208 PLANTATION FL 33322 US					3. Date Incorporated or Ot 10/06/1987	ualified	3a. Date	of Last F			
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The provisions of Sections 607.0539 and 607.1538, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered offer registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I entrance in registered agent agent agent is a close to a control of the corporation's board of directors. I hereby accept the appointment as registered agent. I entrance in registered agent agent. I entrance in registered agent agent. I entrance agent agent. I entrance agent												Audie:	55 (1 . O. DOX HAINED TO HOT)	100000000			, , , , , , , , , , , , , , , , , , , ,
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing at registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 637.0505, Florida Statutes. SIGNATURE	DAVIE FI	L 33328								83							
or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 637:0505, Florida Statutes. SIGNATURE 12										84	City					85 Z	ip Code
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	CITY-ST-ZIP																

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEN OF DIRECTOR

JEFFREY M.

1. SHERPARD

Daytona Phone