FOR PROFIT CORPORATION

FILED Aug 27, 2002 8:00 am

DAIL DO INESS REPUR	i (ORK)	Secretary of State
DOCUMENT # M82647		08-27-2002 90118 010 ***150.00
BRYANT GOODMAN, INC.	Ø	
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 3442 Westford Dr. 3. Mailing Address 3442 Westford Dr. 3442	Vestford A	976791
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Tropta FL City & State Apopka, Zip 327/2 Country ORANGE Zip 327/2	FL Country ORANGE	4. FEI Number 59–2889906 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		Name and Address of Current Registered Agent
8. The above named entity submiter this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed named agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payab	ay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 le to Department of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS CHARACTER ADDRESS ADDRESS AND DIRECTORS OFFICERS AND DIRECTORS ADDRESS AND DIRECTORS ADDRESS AND DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R2E034B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR2E03
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME APOPKa, FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	
THTLE NAME STREET ADDRESS CHY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with the 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 foreland accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

ANT-GOODMAN, INC
3442 Westford Drive
Apopka, FL 32712

Apopka Allochment

BRYANT-GOODMAN, INC

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

-To Whom It May Concern:

We never received our renewal form for 2002. I contacted your office and they sent me the proper document for filing. The person instructed me to write this letter along with payment stating that we had not received the form for 2002 and to pay the regular fee. Thank you for working with us. If you have any questions you can reach me at (407) 884-4758.

Yours truly,

Kerry J. Goodman

Yours muly,