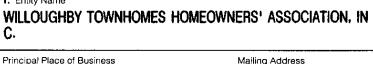
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000004058



Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90215 036 ****61.25

FILED



C/O CASTLE MANAGEMENT. INC P.O. BOX 189013 PLANTATION FL 33318			P O BO	C/O CASTLE MANAGEMENT. INC. P O BOX 189013 PLANTATION FL 33318				4085 0 1 01 03	411 88 110 88 171 88 711 88 711 88 111 8	131 83811 8818 1 8	 	
2. Principal Place of Business			3. Mailir	3. Mailing Address								
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number 65-1045909 Applied For Not Applicable				
Zip	Zip Country			Zip Cou			5. Certificate of Status De		atus Desired	Desired S8.75 Additional Fee Required		
	I Agent				7. Name and Address of New Registered Agent							
					1	Name						
CASTLE	MANAGEMEN	IT, INC		2			Street Address (P.O. Box Number is Not Acceptable)					
4450 W. SUNRISE BLVD				Street Address			uui 033 (i	(7.5. Sox Halfidel to Not Noceptable)				
SUITE C-	100											
PLANTATION FL 33313				City					FL	Zip Coo	de	
			r the purpo:	se of changing its r	egistered	office or	registere	ed agent, or both, in	the State of Florida. I am	familiar with,	and accept	
the obligat	ions of register	ed agent.										
SIGNATURE												
	Signature, typed or	printed name of registered agent	and title if applic	cable. (NOTE:	Registered Ag	gent signatu	re required	when reinstating)	DATE			
į	FILE NOW:	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	Make Chec Florida Depar					
10.		OFFICERS AND DI	RECTORS	•	11.		A	I DDITIONS/CHANGE	ES TO OFFICERS AND DI	RECTORS IN	V 10	
TITLE	PD		•	Delete	TITLE	. [43	 		☐ Change	Addition	
NAME	LUNGARO,	LORRAINE			NAME			A. RAN			_	
STREET ADDRESS	RESS 4891 PINEMORE LANE			STRE			SIBERA, RON 4723 PINEMORE LANE					
CITY-ST-ZIP	LAKE WORT	'H FL 33463			CITY-ST-	-ZIP	LAKE	LODRTH, FL	33463			
TITLE	VD			Delete	TITLE			,,,,		☐ Change	☐ Addition	
NAME	BAGLEY, DE	BBIE			NAME							
STREET ADDRESS	4891 PINEMORE LANE			S		ODRESS						
CITY-ST-ZIP		TH FL 33463		•	CITY-ST-	-ZIP						
TITLE	SD			Delete	TITLE					☐ Change	☐ Addition	
NAME	Bell, Kevin			and the same of	NAME	_	, 		····		~~ ~	
STREET ADDRESS	4651 PINEM				STREET A	DDRESS						
CITY-ST-ZIP	LAKE WORT	ዝ FL 33463			CITY-ST-	- ZIP						
TITLE	TD			Delete	TITLE					☐ Change	☐ Addition	
IAME	Marilyn, R				NAMÉ							
STREET ADDRESS	4927 PINEM				STREET A							
CITY-ST-ZIP	LAKE WORT	H FL 33463			CITY-ST-	-ZIP						
TTLE	D			☐ Delete	TITLE		VSA			Change	Addition	
IAME	DOYLE, SUS				NAME							
STREET ADDRESS	4643 PINEM				STREET A							
CITY-ST-ZIP	LAKE WORT	H FL 33463			CITY-ST-	-ZIP						
TITLE				☐ Delete	TITLE					Change	☐ Addition	
NAME					NAME							
STREET ADDRESS					STREET A	- 1						
CITY-ST-ZIP					CITY-ST-	ZIP						

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all ther like empowered.

SIGNATURE:

Ron Sibera, President 1/20/03