

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

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01052005 Chg-NP CR2E037 (10/03)

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| <b>DOCUMENT # N34754</b><br>1. Entity Name<br><b>CAMBRIDGE AT WYCLIFFE HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                       |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| Principal Place of Business<br><b>G.R.S MANAGEMENT ASSOCIATES, INC.</b><br><b>3900 WOODLAKE BLVD, STE. 201</b><br><b>LAKE WORTH, FL 33463 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Mailing Address<br><b>G.R.S MANAGEMENT ASSOCIATES, INC.</b><br><b>3900 WOODLAKE BLVD, STE. 201</b><br><b>LAKE WORTH, FL 33463 US</b>                                                                                                  |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>G.R.S. MANAGEMENT ASSOCIATES, INC.</b><br><b>3900 WOODLAKE BLVD. SUITE 309</b><br><b>LAKE WORTH, FL 33463</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>G.R.S. MANAGEMENT ASSOCIATES, INC.</b><br><b>3900 WOODLAKE BLVD. SUITE 309</b><br><b>LAKE WORTH, FL 33463</b>                                                                         |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 4. FEI Number<br><b>65-0284510</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                 |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 6. Name and Address of Current Registered Agent<br><b>ST-JOHN, CORE, PA</b><br><b>1601 FORUM PLACE, STE 701</b><br><b>WEST PALM BEACH, FL 33401</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                                                                                                       |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                                                                                                                                                                                                       |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | 9. Election Campaign Financing<br><input type="checkbox"/> Trust Fund Contribution. <b>\$5.00 May Be Added to Fees</b>                                                                                                                |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                       |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td><b>SD</b></td> <td><b>DAVIDSON, STEVEN</b></td> <td><b>4718 CARLTON GOLF DR LAKE WORTH, FL 33467</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>VPB</b></td> <td><b>SMITH, WALTER</b></td> <td><b>4717 CARLTON GOLF DR. LAKE WORTH, FL 33467</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>PD</b></td> <td><b>FISH, MICHAEL</b></td> <td><b>4750 CARLTON GOLF DR LAKE WORTH, FL 33467</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>D</b></td> <td><b>SIEGEL, HARNEY</b></td> <td><b>4662 CARLTON GOLF DR LAKE WORTH, FL 33467</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>D</b></td> <td><b>LEVIN, STANLEY</b></td> <td><b>4598 CARLTON GOLF DR. LAKE WORTH, FL 33467</b></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 25%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>SD</b></td> <td><b>Davidson, Steven</b></td> <td><b>4718 Carlton Golf Dr. Lake Worth, FL 33467</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>VPD</b></td> <td><b>Smith, Walter</b></td> <td><b>4717 Carlton Golf Dr. Lake Worth, FL 33467</b></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div> </div> |            |                                                                                                                                                                                                                                       |                                                   | TITLE                                                             | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |  | <b>SD</b> | <b>DAVIDSON, STEVEN</b> | <b>4718 CARLTON GOLF DR LAKE WORTH, FL 33467</b> | <input checked="" type="checkbox"/> |  | <b>VPB</b> | <b>SMITH, WALTER</b> | <b>4717 CARLTON GOLF DR. LAKE WORTH, FL 33467</b> | <input checked="" type="checkbox"/> |  | <b>PD</b> | <b>FISH, MICHAEL</b> | <b>4750 CARLTON GOLF DR LAKE WORTH, FL 33467</b> | <input type="checkbox"/> |  | <b>D</b> | <b>SIEGEL, HARNEY</b> | <b>4662 CARLTON GOLF DR LAKE WORTH, FL 33467</b> | <input type="checkbox"/> |  | <b>D</b> | <b>LEVIN, STANLEY</b> | <b>4598 CARLTON GOLF DR. LAKE WORTH, FL 33467</b> | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |  | <b>SD</b> | <b>Davidson, Steven</b> | <b>4718 Carlton Golf Dr. Lake Worth, FL 33467</b> | <input checked="" type="checkbox"/> |  | <b>VPD</b> | <b>Smith, Walter</b> | <b>4717 Carlton Golf Dr. Lake Worth, FL 33467</b> | <input checked="" type="checkbox"/> |  |  |  |  | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> |  |  |  |  | <input type="checkbox"/> |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME       | STREET ADDRESS                                                                                                                                                                                                                        | CITY-ST-ZIP                                       | Delete                                                            |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME       | STREET ADDRESS                                                                                                                                                                                                                        | CITY-ST-ZIP                                       | Change <input type="checkbox"/> Addition <input type="checkbox"/> |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>SD</b>  | <b>Davidson, Steven</b>                                                                                                                                                                                                               | <b>4718 Carlton Golf Dr. Lake Worth, FL 33467</b> | <input checked="" type="checkbox"/>                               |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>VPD</b> | <b>Smith, Walter</b>                                                                                                                                                                                                                  | <b>4717 Carlton Golf Dr. Lake Worth, FL 33467</b> | <input checked="" type="checkbox"/>                               |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                                                                                                                       |                                                   | <input type="checkbox"/>                                          |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                                                                                                                       |                                                   | <input type="checkbox"/>                                          |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
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| 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 other life empowered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                                                                                                                                                                                                                                       |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            | Date <b>1/25/05</b><br><small>Daytime Phone #</small>                                                                                                                                                                                 |                                                   |                                                                   |      |                |             |        |  |           |                         |                                                  |                                     |  |            |                      |                                                   |                                     |  |           |                      |                                                  |                          |  |          |                       |                                                  |                          |  |          |                       |                                                   |                          |  |  |  |  |                          |       |      |                |             |                                                                   |  |           |                         |                                                   |                                     |  |            |                      |                                                   |                                     |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |  |  |  |  |                          |