MASON, STEVEN A.         9595 SHERIDAN STR STE 204         Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab office or registored agent, or poin, in the State of Florida. Such change was authorized agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with, apr accept the obligations of Section 617.0503, Florida Statu agent I am familiar with apr accept the obligations of Section 617.0503, Florida Statu Stepset State I and the applicable (NOTE Repistered OFFICERS AND DIRECTORS         I       V       I       I         Et ADDRESS       710 SE ATLANTIC       I       I         Stepset State I applicable       I       I       I         Et ADDRESS       381 NW SHERBROOKE AVE       I       I       I         Et ADDRESS       1520 SW 5TH AVE       I       I       I       I         Et ADDRESS       1520 SW 5TH AVE       I	Initial 04 1997 0.000         Secretary of Stat         Secretary of Stat         Initial 04 1997 0.000         Secretary of Stat         Initial 00 1000         Secretary 01 1000         Initial 0000         Secretary 01 10000         Secretaretare 1
ANNUAL REPORT 1997 Socretary of State DVISION OF CORPORA OCUMENT # N36941 (5) THE PUG CLUB OF SOUTH FLORIDA, INC. THE PUG CLUB FL CLUB OF SOUTH FLORIDA, INC. THE PUG CLUB FL CLUB OF SOUTH FLORIDA, INC. THE PUG CHEROSSO, IRENE SITUE OF THE SOUTH FLORIDA, INC. THE FLORESS THE SITUE OF SOUTH FLORIDA, INC. THE PUG CLUB FL CLUB OF SOUTH FLORIDA, INC. THE PUG CLUB FL CLUB FL CLUB OF SOUTH FLORIDA, INC. THE FLORESS THE PUG PUG SUC ABACH FL CLUB OF SOUTH FLORIDA, INC. THE PUG PUG PUG SUC ABACH FL CLUB OF SOUTH FLORIDA, INC. THE PUG PUG PUG SUC ABACH FL CLUB OF SOUTH FLORIDA, INC. THE PUG	ATIONS       Secretary of Stat         Strions       Secretary of Stat         3. Date incorporated or Qualified       3a. Date of Last Report 03/15/1996         3. Date incorporated or Qualified       3a. Date of Last Report 03/15/1996         4. FEI Number       Applied For         5. Certificate of Status Desired       \$8.75 Additional Fee Required         5. Certificate of Status Desired       \$8.75 Additional Fee Required         FL       Status Contribution       Added to Fees         Not Application       \$5.00 May Be Added to Fees       Not Application         FL       Stroot Contribution       Added to Fees         Ntry       8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No         10. Name and Address of New Registered Agent       81       Name       No         10. Name and Address of New Registered Agent       83       Street Address (P.O. Boy Number is Not Acceptabley       22.3.9         22.3.9       HotHy WOOD       FL       85       Zip Code Scooper control or submits this statement for the purpose of changing its registered         Gatt Bynature required when reinstatrog)       DATE         ApolTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Laddd         Addit       Change       Addit
OCCUMENT #       N36941       (5)         THE PUG CLUB OF SOUTH FLORIDA, INC.         ncipal Place of Business       Mailing Address         TEVEN A. MASON       ** DONNA ONEPPTELD 1320 + NEWOOT MANOR DALE FL 000251205         TWOOD FL 33021       Dalama Strandowski Str	3. Date Incorporated or Qualified       3a. Date of Last Report         03/02/1990       3a. Date of Last Report         9       65-0072536       Not Applica         5. Certificate of Status Desired       \$8.75 Additional         FL       Election Campaign Financing       \$5.00 May Be         Added to Fees       Not Applica         FL       Trust Fund Contribution       Added to Fees         Ntry       8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes         10. Name and Address of New Registered Agent       81         81       Name       ASON, S-teven A         82       Street Address (P.O. Boy Number is Not Acceptabley       2239         223       Hot Ly WOOD       BL Ly D         83       Street Address (o
THE PUG CLUB OF SOUTH FLORIDA, INC.         Incipal Place of Business         Mailing Address         Mailing Address         Streven A. MASON         Streven A. Mailing Address         2a. Mailing Address         Zar39         Holly Wood KLVD         Suite. Apt. #, etc.         Country         Zip         Country         Zip         Country         Zip         Country         Country         Zip         Country         Zip         MASON, STEVEN A.         State         MASON, STEVEN A.         State of Forida. Sup change was authorized agent         MASON, STEVEN A.         State of Forida. Sup change was authorized agent of	3. Date Incorporated or Qualified 03/02/1990       3a. Date of Last Report 03/15/1996         4. FEI Number 65-0072536       Applied For Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         Attribution       \$5.00 May Be Added to Fees         Attribution       \$5.00 May Be Added to Fees         Attribution       \$6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes         10. Name and Address of New Registered Agent         81       Name MASON         82       Street Address (P.O. Box Number is Not Acceptable) 2Z-3.9         83       City Hetty WIOD         84       City Hetty WIOD         84       City Hetty WIOD         84       City Hetty WIOD         85       Zip Code S3.000         84       City Hetty WIOD         85       Zip Code S3.000         86       City Hetty WIOD         87       Bar Destroy and of directors. I hereby accept the appointment as registered tes.         Agent signature required when reinstairg)       DATE         Adent signature required when reinstairg)       DATE
Incipal Place of Business     Mailing Address       STEVEN A. MASON     ** DONNA SHEFFIELD       OHENDAN STR     13721-NEWPORT HANOR       DAVIE FL 300271200     US       Principal Place of Business     28. Mailing Address       2.739     Ho LLY WOOD     KL VD       Suite. Apt. #. etc.     27       City & State     City & State       Ho ILY WOOL, FL     28       Ho LLY WOOL     Country       Zip     Sort Country <td>3. Date Incorporated or Qualified 03/02/1990       3a. Date of Last Report 03/15/1996         4. FEI Number 65-0072536       Applied For Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         Attribution       \$5.00 May Be Added to Fees         Attribution       \$5.00 May Be Added to Fees         Attribution       \$6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes         10. Name and Address of New Registered Agent         81       Name MASON         82       Street Address (P.O. Box Number is Not Acceptable) 2Z-3.9         83       City Hetty WIOD         84       City Hetty WIOD         84       City Hetty WIOD         84       City Hetty WIOD         85       Zip Code S3.000         84       City Hetty WIOD         85       Zip Code S3.000         86       City Hetty WIOD         87       Bar Destroy and of directors. I hereby accept the appointment as registered tes.         Agent signature required when reinstairg)       DATE         Adent signature required when reinstairg)       DATE</td>	3. Date Incorporated or Qualified 03/02/1990       3a. Date of Last Report 03/15/1996         4. FEI Number 65-0072536       Applied For Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         Attribution       \$5.00 May Be Added to Fees         Attribution       \$5.00 May Be Added to Fees         Attribution       \$6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes         10. Name and Address of New Registered Agent         81       Name MASON         82       Street Address (P.O. Box Number is Not Acceptable) 2Z-3.9         83       City Hetty WIOD         84       City Hetty WIOD         84       City Hetty WIOD         84       City Hetty WIOD         85       Zip Code S3.000         84       City Hetty WIOD         85       Zip Code S3.000         86       City Hetty WIOD         87       Bar Destroy and of directors. I hereby accept the appointment as registered tes.         Agent signature required when reinstairg)       DATE         Adent signature required when reinstairg)       DATE
STEVEN A. MASON GHERIDAM STR LIWOOD FL 3501-       ** DONNA SHEPPELD 1321-NEWPORT MAROR DAVIE FL 5050251205 US         Principal Place of Business       2a. Mailing Address         2239       # 6 LLY WOOD KLVD       2b         Suite, Apt. #, etc.       2c         City & State       City & State         Holly Wood, FL       2b         20 20 0       2s         2a       Make Apt. #, etc.         2a       Country         2b       Country         2c	3. Date Incorporated or Qualified 03/02/1990       3a. Date of Last Report 03/15/1996         4. FEI Number 65-0072536       Applied For Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         Attribution       \$5.00 May Be Added to Fees         Attribution       \$5.00 May Be Added to Fees         Attribution       \$6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes         10. Name and Address of New Registered Agent         81       Name MASON         82       Street Address (P.O. Box Number is Not Acceptable) 2Z-3.9         83       City Hetty WIOD         84       City Hetty WIOD         84       City Hetty WIOD         84       City Hetty WIOD         85       Zip Code S3.000         84       City Hetty WIOD         85       Zip Code S3.000         86       City Hetty WIOD         87       Bar Destroy and of directors. I hereby accept the appointment as registered tes.         Agent signature required when reinstairg)       DATE         Adent signature required when reinstairg)       DATE
State       13221 - NEWPORT MINOR DAWE SLOBORT MINOR DAWE	4. FEI Number       Applied For         BLVD       65-0072536       Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         http://www.additional fee Required       \$5.00 May Be Added to Fees         http://www.additional fee Required       \$6. Election Campaign Financing Trust Fund Contribution       Added to Fees         http://www.additional fee Required       \$1.0 Name and Address of New Registered Agent       No         10. Name and Address of New Registered Agent       81       Name         81       Name Address of New Registered Agent       82         82       Street Address (P.O. Boy Number is Not Acceptable) 22.39       HotHYWOOD         83       84       City HotHYWOOD       FL       85       Zip Code S2.000         84       City HotHYWOOD       FL       85       Zip Code S2.000         84       City HotHYWOOD       DATE       32         Agent signature required when reinstaing)       DATE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         LE       Change       Addit
DAVIE FL 500251200 US       Principal Place of Business       2a. Mailing Address       273 9 Holly Wool KLVD       Suite. Apt. #. etc.       Suite. Apt. #. etc.       City & State       City & State       City & State       City & State       Country       Zip       State       MASON, STEVEN A.       State FL #00 FL 33021       Pursuant to the provisions of Sactions 617.0502 and 617.1508, Florida Statutes, the about agent is antheritic agent, or botin, in the State of Florida. Such change was authorate agent is antheritic agent is a conditin agent is antheritic agent is a conditin agent is a	4. FEI Number       Applied For         BLVD       65-0072536       Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         http://www.additional fee Required       \$5.00 May Be Added to Fees         http://www.additional fee Required       \$6. Election Campaign Financing Trust Fund Contribution       Added to Fees         http://www.additional fee Required       \$1.0 Name and Address of New Registered Agent       No         10. Name and Address of New Registered Agent       81       Name         81       Name Address of New Registered Agent       82         82       Street Address (P.O. Boy Number is Not Acceptable) 22.39       HotHYWOOD         83       84       City HotHYWOOD       FL       85       Zip Code S2.000         84       City HotHYWOOD       FL       85       Zip Code S2.000         84       City HotHYWOOD       DATE       32         Agent signature required when reinstaing)       DATE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         LE       Change       Addit
Principal Place of Business       2e. Mailing Address         2x39       H011YW000       KLVD       26       2x39       H011YW00         Suite, Apt. #, etc.       27       City & State       27         City & State       H011YW000       FL       28       H011YW000       Courty         Zip       Country       Zip       Court       Zip       Court         320 20       25       USA       29       3 2 0 20       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Sections 617.0502 and 617.1508, Florida Statutes, the ab office or registored agent, or poin, in the State of Florida. Such change was authorized agent and familian of poin, in the State of Florida. Such change was authorized agent and familian of poin, in the State of Florida. Such change was authorized agent and familian of points for points	4. FEI Number       Applied For         BLVD       65-0072536       Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         http://www.additional fee Required       \$5.00 May Be Added to Fees         http://www.additional fee Required       \$6. Election Campaign Financing Trust Fund Contribution       Added to Fees         http://www.additional fee Required       \$1.0 Name and Address of New Registered Agent       No         10. Name and Address of New Registered Agent       81       Name         81       Name Address of New Registered Agent       82         82       Street Address (P.O. Boy Number is Not Acceptable) 22.39       HotHYWOOD         83       84       City HotHYWOOD       FL       85       Zip Code S2.000         84       City HotHYWOOD       FL       85       Zip Code S2.000         84       City HotHYWOOD       DATE       32         Agent signature required when reinstaing)       DATE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         LE       Change       Addit
2x39       Hollywoob       KLVD       26       2x39       Hollywoo         Suite, Apt. #, etc.       20       Suite, Apt. #, etc.       27         City & State       City & State       28       Hollywood       Court         Zip       Country       Zip       Country       Zip       Country         320 2 0       25       USA       29       3 3 0 2 0       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       300 <t< td=""><td>BLVD       65-0072536       Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         FL       6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         ntry       8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No         10. Name and Address of New Registered Agent       81       Name Added to Fees       82         Street Address (P.O. Box Number is Not Acceptabley 2239       Hothywoop Hothywoop Hothywoop Hothywoop BLVD       85       Zip Code Zip Code Zip Code Zip Code         84       City       Hothywoop Hothywoop I by the corporation submits this statement for the purpose of changing its registered ites.         Agent signature required when reinstaing)       DATE         Agent signature required when reinstaing)       DATE         Agent signature required when reinstaing)       DATE</td></t<>	BLVD       65-0072536       Not Applical         5. Certificate of Status Desired       \$8.75 Additional Fee Required         FL       6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         ntry       8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No         10. Name and Address of New Registered Agent       81       Name Added to Fees       82         Street Address (P.O. Box Number is Not Acceptabley 2239       Hothywoop Hothywoop Hothywoop Hothywoop BLVD       85       Zip Code Zip Code Zip Code Zip Code         84       City       Hothywoop Hothywoop I by the corporation submits this statement for the purpose of changing its registered ites.         Agent signature required when reinstaing)       DATE         Agent signature required when reinstaing)       DATE         Agent signature required when reinstaing)       DATE
Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Holly Wood, FL       28         Holly Wood, FL       28         Holly Wood, FL       29         320 D 25       U S A         29       3 3 0 D 30         9. Name and Address of Current Registered Agent         MASON, STEVEN A.         3505 SHERIDAN STR         GTE 204         Holly Wood FL-33021         Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florida Statutes, the ab olice or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of Soctions 617.0503, Florida Statutes, the ab olice or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of Soctions 617.0503, Florida Statutes, the ab olice or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of Soctions 617.0503, Florida Statutes, the ab olice or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of Soctions 617.0503, Florida Statutes, the ab olice or registered agent 1 am familiar with, and accept the obligations of Soctions 12.         Statute       MATURE       (NOTE: Registered 12.         V       LEWIS, DIANE       12.         Statute       Y       DELETE         Statute	5. Certificate of Status Desired       \$8.75 Additional Fee Required         FL       6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         ntry       8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No         10. Name and Address of New Registered Agent         81       Name ASSON, S-teven A         82       Street Address (P.O. Box Number is Not Acceptable) 2239       HoLLYWOOD       BLVD         83       B4       City       City       HoLLYWOOD       FL       85       Zip Code Zip 2000         by the corporation submits this statement for the purpose of changing its registered ites.       Agent signature required when reinstaing)       DATE         Agent signature required when reinstaing)       DATE       Change       Additional
City & State       City & State         Holl Y WOOD, FL       28       Ho H-Y WOOD         Zip       Country       Zip       Cour         320 2-0       25       U S A       29       3 2 0 2 0       30         9. Name and Address of Current Registered Agent       MASON, STEVEN A.       3505 SHERIDAN STR       General Address of Current Registered Agent         MASON, STEVEN A.       3505 SHERIDAN STR       General Address of Current Registered Agent       Holl YWOOD FL 33021         Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, agr accopt the obligations of Section 617.0503, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, agr accopt the obligations of Section 617.0503, Florida Statutes, the ab office or area of the tapplicatile (NOTE Registered Agent, and the policatile (NOTE Registered Agent, and the p	FL       6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees         http://www.science.com/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/science/sci
Zip       Country       Zip       Court         32020       25       USA       29       30 VD       30         9. Name and Address of Current Registered Agent         MASON, STEVEN A.         9505 SHERIDAN STR         STE 204         HOLLYWOOD FL 33021         Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, the abording or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, the abording of registered agent and high applicable       (NOTE Registered agent)         Stgnature typed to bindid name of registered agent, and high applicable       (NOTE Registered agent)       13.         Stgnature typed to bindid name of registered agent, and high applicable       (NOTE Registered agent)       13.         Et ADDRESS       710 SE ATLANTIC       13.       13.         State Status       710 SE ATLANTIC       13.       13.         Et ADDRESS       381 NW SHERBROOKE AVE       2.3 STR       2.4 CR         PT ST LUCIE FL       0       7.7 ca Su NC       10 DELETE       3.1 TR         Et ADDRESS       1520 SW 5TH AVE       3.3 STF       3.3 STF	FL       Trust Fund Contribution       Added to Fees         ntry       8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No         10. Name and Address of New Registered Agent       No       10. Name and Address of New Registered Agent         81       Name       MASON, S-teven       A         82       Street Address (P.O. Box Number is Not Acceptable)       22.3.9         23.9       Hollywood       BLVD         83       City       Hollywood         84       City       Gity         40.114       WOOD       FL         85       Zip Code         32.000       Overnamed corporation submits this statement for the purpose of changing its registered ites.         Agent signature required when reinstaing)       DATE         Agent signature required when reinstaing)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       LE
32020       25       USA       29       30200       30         9. Name and Address of Current Registered Agent         MASON, STEVEN A.       3595 SHERIDAN STR         STE 204       Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of Sections 617.0502 and 617.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, the ab office or registered agent and that applicable (NOTE: Registered agent 1 am familiar with, and accept the obligation of 10.0503, Florida Statutes, the ab office or registered agent and that applicable (NOTE: Registered agent 1 am familiar byped or brinkin name of registered agent and that applicable (NOTE: Registered agent agent and that applicable (NOTE: Registered agent and that applicable (NOTE: Registered agent and that applicable (NOTE: Registered agent ag	USA       Florida Statutes       Yes       No         10. Name and Address of New Registered Agent         81       Name       Address of New Registered Agent         81       Name       Address of New Registered Agent         82       Street Address (P.O. Box Number is Not Acceptable)         2239       HoLLYWOOD       BLVD         83       B4       City         84       City       HoLLYWOOD         85       Zip Code         36       Store or poration submits this statement for the purpose of changing its registered its.         10. by the corporation's board of directors. I hereby accept the appointment as registered its.         Agent signature required when reinstaing)       DATE         Additional acception of the purpose of Changing Its registered its.
MASON, STEVEN A.         3505 SHERIDAN STR GTE 204         Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the ab office or registered agent, or bolin, in the State of Florida. Such change was authorized agent 1 am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes, statuter typed or brinder name of registered agent and that applicable (NOTE: Registered agent 2000 FL-33021         INATURE       Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder name of registered agent and that applicable (NOTE: Registered Signature typed or brinder (NOTE: Registered Signature typed (NOTE: Registered (NOTE: Registered (NOTE: Registered (NOT	81       Name       MASON, Steven       A.         82       Street Address (P.O. Box Number is Not Acceptable)       22-39         84       City       Holly WOOD       BLVD         84       City       Holly WOOD       FL       85       Zip Code         85       Joarte       Application's board of directors. I hereby accept the appointment as registered       168         Agent signature required when reinstaing)       DATE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         12       Change       Addit       Ad
Store SHERIDAN STR STE 204 HOLLYWOOD FL-33021         Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab office or registored agent, or both, in the State of Florida. Such change was authorized agent 1 am familiar with, apri accept the obligations of Section 617.0503, Florida Statutes, INATURE         Signature Typed or brinthin name of registered agent, and the florida. Such change was authorized agent 1 am familiar with, apri accept the obligations of Section 617.0503, Florida Statutes, INOTE Registered OFFICERS AND DIRECTORS         IANTANA FL         U       V         Et ADDRESS       710 SE ATLANTIC         -S1-2IP       LANTANA FL         Et ADDRESS       381 NW SHERBROOKE AVE         ET ADDRESS       381 NW SHERBROOKE AVE         PT ST LUCIE FL       2.4 GR         Et ADDRESS       1520 SW 5TH AVE         S17.2IP       POMPANO BEACH FL	82       Street Address (P.O. Box Number is Not Acceptable)         2239       HoLLYWOOD         83         84       City         AddLLY WOOD       FL         85       Zip Code         32000       FL         85       Zip Code         32000       FL         85       Zip Code         32000       FL         86       City         Addth       HoLLYWOOD         B4       City         Addth       FL         85       Zip Code         32000       Gove-named corporation submits this statement for the purpose of changing its registered ites.         Agent signature required when reinstaing)       DATE         Addit       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         LE       Change       Addit
STE 204         HOLLYWOOD FL 33021         Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab office or registored agent, or poin, in the State of Florida. Such change was authorized agent 1 am familiar with, appracept the obligations of Section 617.0503, Florida Statutes, the ab office or registered agent and flag plicable (NOTE Registered Statutes). For ida Statutes, the above of Florida. Such change was authorized agent 1 am familiar with, appracept the obligations of Section 617.0503, Florida Statutes, the above of Florida. Such change was authorized agent and flag plicable (NOTE Registered OFFICERS AND DIRECTORS)         Signature Typed or brinthin name of registered agent and flag if applicable (NOTE Registered Statutes). The sector of the plagations of Section 617.0503, Florida Statutes. The sector of the obligations of Section 617.0503. Florida Statutes. The sector of the obligations of Section 617.0503. Florida Statutes. The sector of the obligations of Section 617.0503. Florida Statutes. The sector of the obligations of Section 617.0503. Florida Statutes. The sector of the obligations of Section 617.0503. Florida Statutes. The sector of the obligations of Section 617.0503. Florida Statutes. The sector of the obligations of Sector of the obligation o	2239       HoLLYWOOD       BLVD         83       B4       City       City       B5       Zip Code         B4       City       HoLLYWOOD       FL       B5       Zip Code         B5       City       HoLLYWOOD       FL       B5       Zip Code         B4       Diftions board of directors. I hereby accept the appointment as registered ites.       DATE         Agent signature required when reinstaing)       DATE       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       Change       Addit
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I do hereby certify that the information supplied with this filing does not qualify for the e	Y - ST - ŽIP
information indicated on this annual report or supplemental annual report is true and at I am an officer or director of the corporation or the receiver or trustee empowered to ex- appears in Block 12 or Block 13 if charged, or on an attachment with an address.	Y-ST-ZIP exemption stated In Section 119.07(3)(i), Florida Statutes. I further certify that the