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

FILED May 27, 2002 8:00 am Secretary of State

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	and the second s			7	7. Name and Addr	ess of Current Regi	stered Agent	t
			Name	KLEI	N, CARL			1
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A The above				AMA			FL Zip	33610
o. He abov	e named entity submits this statement for t	ne purpose of changing its re	egistered office o	or registere	ed agent, or both, in	the state of Florida.		
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SIGNATURE								İ
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signal	lure required w	when reinstating)		ATE	
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12. Thereby 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 path; 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 on an analysis.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 813-218-9021