2001 UNIFORM BUSINESS REPORT (UBR) FILED									
DOCUMENT # N98 00001302					Jun 30, 2002 8:00 am				
Cuties Cours / For the Sound									
A+ The Straind 06-30-2002 90229 026 ****61.25									
Principal Pla	ace of Business	Mailing Address	, , o						
	5 Arroa Rd.S.	202 HM	port k	1.5					
naples, fc 34104 raples, fc 31				ay	80126275				
2. Principal Place of Business 3. Mailing Address C/O R + P Proper ty Mant									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta	ate	City & State	FC-	4. FELNI	-0826833		Applied For]	
Zip	Country	Zip V	Country			\$8.75 A	Not Applicable	=	
-	6. Name and Address of Current R	34/04	USA		cate of Status Desired	Fee Requir	ed	_	
		- Journal of the second of the	Name		and Address of New Registe	IA A	-4	-	
Street Address (P.O. Box Number is Not Acceptable)									
			City	Madre		Zip Ço	de		
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.									
SIGNATURE Dernu Xutman (d. 17/02									
*	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered Agent sign	ature required when reinstating) DA	TE			
	FILE NOW: FEE IS \$61.25	Election Campaign Trust Fund Contribu	~	\$5.00 May Be Added to Fees		ck Payable to ent of State) •		
10.	OFFICERS AND DIRE	CTORS	11.		CHANGES TO OFFICERS AND	DIRECTORS II	V 10	-	
TITLE NAME		☐ Delete	TITLE NAME	DP NOON	אמינין	Change Change	Addition	<u>[</u>	
STREET ADDRESS			STREET ADDRESS	5701 Hen	on lane#706			CR2E037 (11/00)	
CITY-ST-ZIP			CITY-ST-ZIP	naples, f	L 34110			SE03	
NAME		Delete	TITLE NAME	2000 MO	ı£	∑ Change	☐ Addition	8	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	51097 He	roplane "loce			}	
TITLE		☐ Delete	CITY_ST-ZIP	napleo, f		∑ Change	Addition		
NAME STREET ADDRESS		•	NAME	James M	ray ors perwood Blud	## 7500LL			
- CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	nao(es, fo	isterico =	. 2 0004		} ; 1:	
TITLE		☐ Delete	TITLE	DT		X Change	Addition		
NAME STREET ADDRESS			NAME _ STREET ADDRESS	Bernice Hy	21tmann	- 11 .7^2		. :	
CITY-ST-ZIP			CITY-ST-ZIP	Naples	Sperwood Blvd.	₩ 1 10Z			
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STREET ADDRESS			NAME STREET ADDRESS	Bruce Mck	innon #(/c/a		Į	3.	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	naples, fi	innon nlahe#40le 34110			2.	
TITLE NAME		☐ Delete	TITLE NAME ~			☐ Change	☐ Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	entify that the information conclined with the	o filing does and a refer to	CITY-ST-ZIP	L				,	
12. I hereby certify that the information supplied with this filling 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 like empowered.									
SIGNATURE: Deinie Seitmans (0/17/0)									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davine Phone #									