2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90073 047 ****61.25

DOCUMENT # N980000		0103-200				
Principal Place of Business 2556 UNIVERSITY DRIVE CORAL SPRINGS, FL 33865	Mailing Address 2556 UNIVERSITY DRIVE CORAL SPRINGS, FL 330			102		
2. Principal Place of Business 3300 University Dr.	3. Mailing Address 3300 Unit	versity Dr				
Suite, Apt. #, etc. 12 4 05	Suite, Apt. #_etc.		03262004 Chg-NP	CR2E037 (10/03)		
Coval Springs F	1 Coral Spri	ms.Fl	4. FEI Number 59-2051142	No	plied For t Applicable	
33065 CUSA	33005	Ebuntry USA	-5. Certificate of Status Desire	ree Require	litional . d	
6. Name and Address of Curre	ent Registered Agent	Name: Lo	7. Name and Address of Ne	w Registered Agent		
S CHACHTER, SAMU EL 2 556 UNIVERSITY DRI VE		Street Address	(P.O. Box Number is Not Accept			
CORAL SPRINGS, FL 33065		3300	University D	1. #405		
		City Coy G	1 Springs	FL Zip Cog	065	
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing its r	registered office or registe	ared agent, or both, in the State o	f Florida. I am familiar with,	and accept	
SIGNATURE UNITED COM MUNIC, MANAGEMONS COM 3/31/64 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
SIGNATURE Signature, typed or printed name of registered a		: Registered Agent signature requir	ed when reinstating)	DA/E		
Signature, typod or printed name of registered a Filling Fee is \$61.25 Due by May 1, 2004	gggf and title if applicable. (NOTE: 9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	OA/E Make check payable to Florida Department of St	tate	
Signature, typed or printed name of registered a Filing Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFF	Florida Department of States and DIRECTORS IN	tate	
Signature, typod or printed name of registered a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS 175	\$5.00 May Be Added to Fees	Florida Department of St	tate	
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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 like empowered.

SI	CI	VΔ	TII	IRF:

MICHAEL J. KULD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 474 0683