2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N99000004811 1. Entity Name DIGNITY / FT. LAUDERDALE, INC. Principal Place of Business Mailing Address 740 SOUTH FEDERAL HWY 740 SOUTH FEDERAL HWY **APT 609** APT 609 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062

FILED Jul 10, 2002 8:00 am Secretary of State 07-10-2002 90194 022 ****61.25



2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			Cit	City & State				4. FEI Number 65-0952632			pplied For
Zip	Country			Zip Co		ountry					ditional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
FILINGS, INC. 3732 N.W. 16TH STREET FT. LÄÜDERDALE FL 33311-4132						Street Address (P.O. Box Number is Not Acceptable)					
ý						City				Zip Cod	е
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											
olari (Totile :	or printed name of registered age	nt and title if app	licable. (NOTE:	Registere	d Agent signature re	quired	when reinstating) DATE				
After September 13, 2002, min. will be \$236.25.				9. Election Cam Trust Fund Co	· · ·		\$5.00 May Be Added to Fees	Make Check Departmen			
10. OFFICERS AND DIRECTORS					11.		Á	DDITIONS/CHANGES T	O OFFICERS AND DIR	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete YORIO, VICTOR - VILLE INELT 633 KENSINGTON PLACE WILTON MANORS FL 33305					ľ				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	740 SOUT	NICHAEL TREASUN H FEDERAL HWY BEACH FL 33062	.6r	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rogers, 1 633 Kensi	RICHARD SECAS NGTON PLACE ANORS FL 33305	TALY	□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBB KVASNAK-PRESIDENT Delete 572 N.E. 34TH STREET OAKLAND DAMIL, FLORIDA 33334									☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		i				☐ Change	Addition

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.

SIGNATURE:

SIGNATURE REQUIRED