		<b>É</b>		
2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR

DOCU 1. Entity Nam EGGAN		10845				2001 8:0 ary of St	
•	te of Business  H STREET. #WEST  ACH FL 33062	Mailing Address 2360 N.E. 18TH STREET, #V POMPANO BEACH FL 33062					
	) •				1 18811881 111 86111 65111 66111 66111		<b>10: 1:::</b> 1 <b>::::</b>
1141	Place of Business NE 23RD Street	3. Mailing Address 1141 NE 23	RD Stree	et .			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SPACE	
	o Beach fl	City & State Pompano Bea			4. FEI Number 65-0978304	No	oplied For ot Applicable
Zip 3306	Country u.s.	33064	Country U.S.		5. Certificate of Status Desired	S8.75 Add Fee Require	
3300	6. Name and Address of Current F	<u> </u>			7. Name and Address of New R	legistered Agent	
2360	THAM, LA ROUX ) N.E. 18TH STREET, #WEST IPANO BEACH FL 33062		Street / 1 1 4	Address (f	LAROUX P.O. Box Number is Not Acceptable E. 23RD St		
			POMI	PANO	BEACH	FL Zip Cod	6 4
SIGNATURE	enamed entity submits this statement for Submits the statement for Signature, typed or printed name of registered agent are praction is eligible to satisfy its Intangible	LA LOUX nd title if applicable. (NOTE:	egistered office of Stath Registered Agent signa ! FEE IS \$150	CUV	)	4/11/b/ DATE	
Tax filling	requirement and elects to do so:	After MAY'1; 200 Make Check Payabl	1 Fee will be \$	550.00	I HUSE FULL CONTRIDUCIO		O:May:Be
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS	PD EGGAN, DONALD 2360 N.E. 18TH STREET, #WEST	☐ Delete	TITLE NAME STREET ADDRESS		GAN, DONALD 41 N.E. 23RD St	Change	☐ Addition   6
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP		MPANO BCH, FL 3	3064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STATHAM, LA ROUX 2360 N.E. 18TH STREET, #WEST	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	VD STA 114	THAM, LAROUX 1 N.E. 23rd St_	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pom	pano bch,Fl.330(	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
TITLE Name Street address City-St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
13. I hereby o	certify that the information supplied with t	his filing does not qualify for t	he exemption sta	ited in Sec	ction 119.07(3)(i), Florida Statutes. I	further certify that the in	formation

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attach first with an address, with all pther like appropriate.

LAROUX STATHAM