DOCUI			RT (U	JBR)	FIL Feb 26, 200 Secretar	01 08:00		: 2 .	
E & R, INC	j.					j or zeet			
Principal Plac		Mailing Address							
FT. LAUDERD.	ALE FL	FT. LAUDERDALE 33304		FL					
2. Principal P	lace of Business	3. Mailing Address 623 BAYSHORE DR.						-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1			DO NOT WRITE IN THIS SPACE			
City & State		City & State FT. LAUDERDALE			. FEI Number 65-0982148		—	plied For	
Zip 33304	Country	Zip 33304	Country		Certificate of Status Desi		8.75 Add	litional	
	6. Name and Address of Currer	nt Registered Agent		7	. Name and Address of N		<u> </u>	<u> </u>	
HUGHART RHONDA 623 BAYSHORE DR. SW6					HONDA HUGHART Box Number is Not Accep	otable)			
FT. LAUDERDALE FL					·		<u> </u>	<u></u>	
33304				W6 City T. LAUDERDALE		FL.	Zip Code	- <u></u> 9	
8. The above	named entity submits_this statement	for the purpose of changing its			agent, or both, in the State		33304		
SIGNATURE .	RHONDA HUGHAR Signature, typed or printed name of registered age	T-STRYDOM nt and title if applicable. (NOTE	: Registered Age	ent signature required whe	reinstating)	- 02/26/2	2001	<u></u>	
Tax filing r	oration is eligible to satisfy its Intangib equirement and elects to do so. ria on back)	After MAY 1, 200	of Fee will	be \$550.00	10. Election Campaig Trust Fund Contri			0 May Be to Fees	
11.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	12.		ADDITIONS/CHANGES TO	OFFICERS AND D	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	D HUGHART RHONDA 623 BAYSHORE DR. SW6	☐ Delete	TITLE NAME STREET AL		RT-STRYDOM RHONDA SHORE DR. SW6		X Change	☐ Addition	
CITY-ST-ZIP	FT. LAUDERDALE	FL 33304	CITY-ST-	ZIP FT. LAUI	DERDALE	FL 3	3304	<u>-</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete ¸	NAME STREET AL				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-			1	Change	Addition	
of the cor	pertify that the information supplied won this report or supplemental report poration or the receiver or trustee emor or on an attachment with an address RHONDA HUGHAI	is true and accurate and that me powered to execute this report and the second that me powered.	IV CIMPATITA	chall have the com	is local offect on if made	nder oath; that I an name appears in I		ar disastar	
		PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR		Date		time Phone #		

Daytime Phone #

Date