DCUMENT # P0000046414				Feb 20, 2002 8:00 am Secretary of State			
ncipal Place of Business	Mailing Address						
919 NORTH STATE ROAD						. 911	
UITE 102 SUITE 102 ARGATE FL 33063 MARGATE FL 33063						3.45	
		CTAT	ma				
Principal Place of Business	DEPARTMENT	Ot 21v			<b>                                 </b>		
Suite, Apt. #, etc.	Suite, Apti # etc.	Suite, Apt. #1 etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State	City & State		4. FEI Number 65-0711892 Applied F		polied For	]
Zip Country	Zip	Country	5	. Certificate of Status Desired [	\$8.75 Add	litional	
6. Name and Address of Cu	rrent Registered Agent		7.	Name and Address of New Regis	tered Agent		1
			Name Duke	R & DUKER			
BORSKY, JAY L				. Box Number is Not Acceptable)	- h.	(Tip)	1
8211-W BROWARD BLVD	•	-		<u>,                                    </u>		* 25 c	1
STE 200	, 1		2832	UNIVOLSMY VR	· · · · · · · · · · · · · · · · · · ·	· <u> </u>	1
PLANTATION FL-33324		'	City CORAL	SPRINGS, 7L	FL Zip Code	365	
The above named entity submits this statem	ent for the purpose of changing	its registered	office or registered	agent, or both, in the State of Florida		<del>-</del>	
J.w. KLO			mo		2-7.	. 2	}
GNATURE Signature, typed or printed name of registerer		NOTE: Begistered Ad	gent signature required when	n reinstation)	DATE	0-	
							1
This corporation is eligible to satisfy its Intar Tax filing requirement and elects to do so.	.3	W!!! FEE IS 2002 Fee wil	•	10. Election Campaign Financia		<b>0</b> Мау Ве	ŀ
(See criteria on back)	☐ Make Check Par	yable to Depa	artment of State	Trust Fund Contribution.	□ Added	I to Fees `	
. OFFICERS	AND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11	_
LE PD ME KIFF.J.W	☐ Delete	TITLE			Change	☐ Addition	E034 (9/01)
ME KLEE, J.W. 1919 NORTH STATE ROAD	 	NAME STREET A	ADDRESS				8
Y-ST-ZIP MARGATE FL 33063		CITY-ST-		-			
E . STDK	☐ Delete	TITLE			☐ Change	Addition	CRZ
LEE, FLORENCE V		NAME	Janes of The State				1
Y-ST-ZIP MARGATE FL 33063		STREET A	1				
E MANGATE PE 33003	☐ Delete	TITLE			☐ Change	☐ Addition	1
ME		NAME					
REET ADDRESS		STREET A	1				<u>ر ا</u>
Y=STa ZIP		CITY-ST	- ZIP		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
LE VAE	☐ Delete	-TITLE NAME			☐ Change	Addition	١
REET ADDRESS		STREET A	ADDRESS		/		
Y-ST-ZIP		CITY-ST	- ZIP				
LE	☐ Delete	TITLE			_ Change	☐ Addition	
ME		NAME			1		
REET ADDRESS Y-ST-ZIP		STREET A	· · ·				l
LE .	Delete	TITLE			☐ Change	☐ Addition	
ME .		NAME	İ				
REET ADDRESS		STREET A					
Y-ST-ZIP	aldata Alata (BRa an all an an an an an an an an	CITY-ST		n 110 07/2V/) Florida Octobra 15 d	nor nogified that the dis-	formatia-	
<ul> <li>I hereby certify that the information supplie indicated on this report or supplemental re- of the corporation or the receiver or trustee changed, or on an attachment with an addi-</li> </ul>	port is true and accurate and the empowered to execute this rep	at my signature ort as required	e shall have the sam	e legál effect as if made under oath;	that I am an officer	or director	
IGNATURE:	see of da	49 ED	<u>:</u>	2.1-02		556	
SIGNATURE AND TYPE	ED OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR		Date	Daytime Phone #		l

SIGNATURE: