## 00.90

ANNUAL REPORT				Secretary of State		
1. Entity Nam	MENT # P000000511	39			Scercia	iry or state
Principal Place 701 LUCERN LAKE WORTH	E AVE	Mailing Address 701 LUCERNE AVE LAKE WORTH, FL 33460				T 658 M. (18 M. 18 18 M. 18 18 M. 18 18 M.)
D	O NOT WRITE	CE	04272005 No Chg-P CR2E034 (10/03)  4. FEI Number			
701 LUCE	6. Name and Address of Current Re ATA, GAETANO RNE AVE RTH, FL 33460	DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered of the purpose of changing its registered agent and title if applicable.  (NOTE: Registered of the purpose of changing its registered agent and title if applicable.  (NOTE: Registered of the purpose of changing its registered agent and title if applicable.  (NOTE: Registered of the purpose of changing its registered agent and title if applicable.  (NOTE: Registered of the purpose of changing its registered agent.)				<u> </u>	State of Florida. I a	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PSTD ANNUNZIATA, GAETANO 701 LUCERNE AVE LAKE WORTH, FL 33460	RECTORS		). 05/1	1000003507; 12765-861 f	38 7-005 150.00
NAME STREET ADDRESS CITY-ST-ZIP						. 000 100.00
NAME STREET ADDRESS CITY-ST-ZIP					T WRIT	<del></del>
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	S SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OF ROSE OR DIRECTOR

4-29-01

561 5472782

Daytime Phone #