FILED Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90209 018 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Secretary of State

"I. Entity Nan	MENT # P000000657	720				<u></u>			209 018 ****	130.00	
Principal Place of Business 8038 E-COUNTRY CLUB BLYB BOCA RATON, FL 33487		Mailing Address 8098-E-COUNTRY-CLUB BLVD -BOCA RATON, FL 33487					000	JU 1 U4	,		
	Place of Business N FEDERAL HWY	3. Mailing Address 7491 N FEDERAL			-						
Suite, Apt. #, etc. C-5 # 218		Suite, Apt. #, etc. C-5 # 2.18				[] СНЕСК НЕ	RE IF MAKI	NG CHANGES		_
Boca RATON FL		City & State BOCA RATON		FL	4.	4. FEI Number 65-1024771			<u> </u>	Applied For 1 Not Applicable	
Zip 3344	Country USA 6. Name and Address of Current I	Zip 33487	Count	iry 33 <u>487</u>	5. Certificate of Str. Name and Add				\$8.75 Ad Fee Require		
-DAGENHAI		Name) Way	isurt	AUCITES DI IN	in riegistere	o Agent				
	UNTRY CLUB BLVD ON, FL-33407			Street Add	CAS (PR)	Box Numbe	7U 100	lable) C-	5;#21	8	1
-		•		city 12n	ra D	7444	_	<i>0</i> -	Zip.Cox	Je	1
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or re	gistered ag	gent, or both	n, in the State of			, and accept	1
SIGNATURE	Symbolic Andrew phrimain name of majora majora na	NJT nul side il applicable. (NOTE	: Registered	i Agentaignature	necurred when	10 instating)	105	DATI			
### PLE NOWITH FEETS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ##################################)0 May Be d to Fees		
10.	OFFICERS AND I		11.	·		DOMINONS/C	CHANGES TO	OFFICERS A	ND DIRECTOR		1_
TITLE NAMÉ	D D AGENHARDT, N	∠ Delete	TITLE	. 1	P KR <u>au</u>	SERT			Change # 218	☐ Addition	10/0
STREET ADDRESS CITY-ST-ZP	8 988 E COUNTRY CLUB BLY D BOCA RATON, FL 33467			ET ADDRESS -ST-ZIP	7491 BOCA	N FEDE RATOR	TRAL HWY	33487	# <i>LI</i> 0		CR2E034 (10/02)
TITLE NAME		☐ Delete	TITLE						☐ Change	☐ Addition	쁑
STREET ADDRESS CITY-ST-ZP			STREE	ET ADDRESS -ST-21P							
TITLE		Delete	TITLE						☐ Change	☐ Addition	
STHEET ADDRESS CITY-ST-ZP			STREE	ET ADDRESS ST-21P	_						
TITLE	,	☐ Delete	TITLE	I .					Change	Addition	
STREET ADDRESS City-St-2P			STREE	ET ADDRESS -St -ZIP							
TITLE NAME		☐ Delete	TITLE NAME						☐ Change	Addition	
STREET ADDRESS City-St-2P			STREE	ET ADDRESS ST-21P							
TITLE		☐ Delete	1/1/E						☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZP			1	ET ADDRESS ST-21P							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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: TIPID TO											