FILED Mar 25, 2002 8:00 am

DOCUMENT # P0000067323 1. Entity Name STOLLMAN & GRUBMAN, P.A.					Secretary of State 03-25-2002 90174 021 ***150.00			
Principal Place of Business 2424 N FEDERAL HWY 450 BOCA RATON FL 33431		Mailing Address 2424 N FEDERAL HWY 450 BOCA RATON FL 33431			B0049930			
2. Principal Place of Business		3. Mailing Address		†	18/41 66 /14 31 /18 14/14 18 10 6 11/10	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 65-102406	:1	oplied For ot Applicable		
Zip -	- Country	Zíp :	Country -	- :	5. Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent	Nies		7. Name and Address of New	Registered Agent		
GRUBMAN, JEFFREY S				Name				
	DERAL HWY		Street Address		(P.O. Box Number is Not Acceptable)			
STE 450								
BOCA RATON FL 33431				City FL Zip Code				
9. This corpo Tax filling r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After May 1, 200		50.00 \$550.00	10. Election Campaign F	+	O May Be	
	ia on back)	Make Check Payab		nent of Stat				
	D GRUBMAN, JEFFREY S 3720 CANTERBURY WAY BOCA RATON FL 33434	DIRECTORS Delete	112. TITLE NAME STREET ADDRI CITY-ST-ZIP	555 242 Boca	ADDITIONS/CHANGES TO O	Mway, Suit	Addition	
NAME STREET ADDRESS	D STOLLMAN, MARC 3720 CANTERBURY WAY BOCA RATON FL 33434	□ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	SS 247	LY N. Federal Hi a Ration, FL 3:	Dichange ghuay, Suit 3431	□ Addition le 450	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ess		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SSS		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	□ Delete	NAME STREET ADDRE		elian 140 07(2VI) [51-1-1-2]	☐ Change	Addition	

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 attachment with an address, with all other like empowered.