DOCU 1. Entity Nam	MENT # POOOOOO	085191	ORT (UBR)	FILED May 11, 2001 8:00 am Secretary of State 05-11-2001 90085 035 ***150.00
Principal Place of Business 760 BUTTONWOOD LANE BOYNTON BEACH FL 33436		Mailing Address 760 BUTTONWOOD LAN BOYNTON BEACH FL 3		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	-5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134			Name Street Address City	7. Name and Address of New Registered Agent
SIGNATURE _ 9. This corpo Tax filing re	named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NO After MAY 1,	its registered office or regist OTE: Registered Agent signature equir W!!! FEE IS \$150.00 2001 Fee will be \$550.00 yable to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME Street Address City-St-Zip	PD CARTER, ROBERT K JR. 760 BUTTONWOOD LANE BOYNTON BEACH FL 33436	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME Street address City-st-zip	ST Carter, Kerrie M 760 Buttonwood Lane Boynton Beach FL-33436	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
NTLE IAME Street adoress City-st-zip		Delete '	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE VAME STREET ADDRESS DITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITLE IAME STREET ADDRESS XTY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP	· · · · ·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
 I hereby c indicated of the corp changed 	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	this filing does not qualify true and accurate and tha wered to execute this repa-	for the exemption stated in S at my signature shall have the ort as required by Chapter 60 ad	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT	1 9 . /	M Cato		4/26/01 364-1025