FILED May 05, 2003 8:00 am \$ Secretary of State

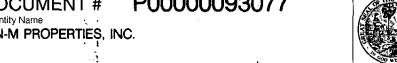
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DOCUMENT #	P00000093077
1. Entity Name	

HOLLYWOOD FL 33019

City & State

Zip





2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Country Zip Country

HOLLYWOOD FL 33019

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

KOWALSKY, DEBORAH S JD, LLM

HOLLYWOOD FL 33020

2501 HOLLYWOOD BLVD SUITE 206

(NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F TITLE ☐ Delete NORTON, SUSAN P NAME NAME 347 VIRGINIA STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE MARLENE MANTER NAME NAME STREET ADDRESS VIRGINIA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 4044 WODD ☐ Change Addition TITLE ☐ Delete TITLE NAME -- :_ NAME 331 JACKSON STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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