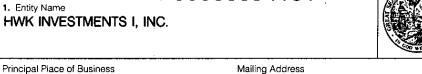
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

P00000094161 **DOCUMENT #**



FILED Mar 26, 2003 8:00 am § Secretary of State

03-26-2003 90159 008 ***150.00

Daytime Phone #

					SOD WE									
Principal Place of Business 5991 CHESTER AVE STE 210 JACKSONVILLE FL 32217			Mailing Address 5991 CHESTER AVE STE 210 JACKSONVILLE FL 32217				1]							
2. Principal F	Place of Business	3. Mailing Address					III				i ii at iia 1,			
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & Star	te	City & State				- 1	4. FEI Number 59-3685060					oplied For	7	
Zip	Country	Zip	Zip Co			:						8.75 Add	ditional	1
	6. Name and Address of Curren	t Register	ed Agent			7	7. Name a	nd Addre	ss of Ne	w Regi	stered A	gent		1
				······································	Name									7
PEFK:-DA	\VID H			وسيري										-
1301 RIVI	ERPLACE BLVD STE 1609				Street Ac	ldress (P.C). Box Nur	nber is No	Accept	able)				1
JACKSON	NVILLE FL 32207													
					City		FL			FL	Zip Code			
	e named entity submits this statement tions of registered agent.	for the purp	oose of changing its	registere	ed office or	registered	agent, or	both, in the	State o	f Florida	ı. I am fa	miliar with,	and accept	
ŞIGNATURE	Signature, typed or printed name of registered ager	nt and title if app	olicable. (NOT	E: Registere	d Agent signatur	e required whe	en reinstating)				DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department						9.	Election C Trust Fund			ing	\$5.0 Added	0 May Be I to Fees	
10.	OFFICERS AND DIF		IRECTORS		11.		ADDITION	IS/CHANC	SES TO	OFFICE	RS AND	DIRECTOR	S IN 11].
TITLE SAME NAME STREET ADDRESS CITY-ST-ZIP	D KLIMAN, HY W 5991 CHESTER AVE STE 210 JACKSONVILLE FL 32217		☐ Delete	Delete TITLE NAME STREE CITY-								☐ Change	Addition	(00/07/
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete									☐ Change	☐ Addition	1000
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE								☐ Change	Addition	

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 shaped or on an attachment with an address, with all other like propagated.

changed, or on an attachment with an address, with all other like

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: