UN	003 FOR PROF				FILED May 19, 2003 8:00 am Secretary of State
1. Entity Nam					05-19-2003 90220 004 ***150.00
Principal Plac 2600 N.W. 2N BOCA RATON		Mailing Address 2600 N.W. 2ND AVENUE BOCA RATON FL 33431			
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			
City & State		City & State			A SELNIMER
					65-10/6832 Not Applicable
Zip	Country	Zìp Cou			5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
BARINGER, SCOTT W				Aywa M. STEWART (PO. Box Number is Not Acceptable)	
Street Address (P.O. Box Number is Not Asceptable) -7190 N.W. 24TH STREET					
SUNHISE	FL 33313-2822		-		
				City Dell	
	e named entity submits this statement f	for the purpose of changing its	s registered		ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed granined name or registered agen			gent signature requir	Ayvi M. Sreusser, Acer 4-803
Afte	ILE NOW !!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			· · · · ·	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	·· ···· ······························	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
SUTLE NAME STREET ADDRESS CITY-ST-ZIP	P BARINGER, SCOTT W 7190 NW 24TH STREET SUNRISE FL 33313	M Delete	TITLE NAME STREET	ADDRESS I- ZIP	Change C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUBEL, THOMAS M 1601 NE 47TH COURT POMPANO BEACH FL 33064	Delete	TITLE NAME STREET	ADDRESS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T SAWYER, THOMAS F 436 SENACA LANE	T Delete		P.	5, T EChange Addition offer, Thomas F Senaca Lang Dea Roron, F2 33487
TITLE NAME STREET ADORESS CITY - ST - ZIP		C Delete	TITLE NAME STREET CITY-ST	ADDRESS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME Street J City-St	ADDRESS - ZIP	Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET / CITY-ST	ADDRESS - ZIP	Change CAddition
indicated of the cor	on this report or supplemental report i	is true and accurate and that r powered to execute this report	my signatur	e shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT					4-15-03 561-338-5755 Date Daytime Phone #