2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Jun 16, 2002 8:00 am Secretary of State

1. Entity Na EYEKON		# P0100	00034278			١	0	5-13-2002	-	050 **)	
5481 STEEP	ace of Busine PLECHASE ON FL 33496	SS	Mailing Address 5481 STEPLECHASE BOCA RATON FL 33496				·						
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	Place of Busi	ness	3. Mailing Address				t indi	. 1941 14 14 1 14 14 14 14 14 14	OBIN OBIN	nátti sesse s	TAUL MADED STA	TIT I GAN DE INIT (1961	ı
Suite, Ap			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State		(4. FEI Number 65-103637				Applied For Not Applicable			
Zip Country		Country			untry			e of Status De	sired		8.75 A	dditional	٦
نىچىت ئىسىت	6. Name	and Address of Current F	legistered Agent	Name		7. Name an	d Address of	New Reg				=	
CANTER,	, JANE W EEPLECHAS	F		Street Address (P.O. Box Number is Not Acceptable)								-	
BOCA RATON FL 33498													
					City					FL	Zip Co	de	\dashv
SIGNATURE	Signature, typed	y submits this statement for or printed name of registered spent an	d title if applicable. (NOTE	: Registered	d Agent signature re	ednied wy		oth, in the State		a. DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$15 After May 1, 2002 Fee will be Make Check Payable to Departme			0.00 f State	Ta	ection Campai ust Fund Contr	ibution.		Adde	DO May Be Id to Fees	
TITLE	D	OFFICERS AND D	RECTORS Delete	12.			ADDITIONS/	CHANGES TO	OFFICE				╡_
name Street adoress City-St-Zip		IANE W PLECHASE ON FL 33496	NAI - STF		T ADDRESS ST-ZIP					:	_] Change	Addition	CR2E034 (9/01)
TITLE Name Street address City-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS		,			. [Change	☐ Addition	SR
TITLE IAME STREET ADDRESS ITY-SI-ZIP			☐ Delete							, [Change	☐ Addition	-
ITLE AME TREET AODRESS ITY-ST-ZIP			☐ Delete		ADDRESS					<u>. </u>] Change	Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delcte	TITLE NAME	ADDRESS	<u> ,</u>		·			Change	Addition	
TLE AME TREET ADDRESS TY-ST-ZIP			☐ Delete	CITY-ST) Change	Addition .	
of the corp	oration or the or on an attack	Information supplied with this y supplemental report is tru receiver or trustee empower ment with an address, with SOLUTION OR PRINT	red to execute this report as all other like empowered.	required	by Chapter 6	Section he same 607, Flor	119.07(3)(i) legal effect rida Statutes;	Florida Statut as if made und and that my r	es. I furthider oath; teame app	ears in Blo	hat the infi in officer o ock 11 or I	ormation or director Block 12 if	