

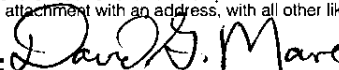


FILED
Jan 12, 2004 8:00 am
Secretary of State

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

DOCUMENT # P01000037863						01-12-2004 90012 019 ***158.75	
1. Entity Name BEUSSE BROWNLEE WOLTER MORA & MAIRE, P.A.							
Principal Place of Business 390 NORTH ORANGE AVE STE 2500 ORLANDO, FL 32801		Mailing Address 390 NORTH ORANGE AVE STE 2500 ORLANDO, FL 32801					
2. Principal Place of Business		3. Mailing Address		01052004 Chg-P		CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3708946		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WOLTER, ROBERT L 390 NORTH ORANGE AVE, STE 2500 ORLANDO, FL 32801				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEUSSE, JAMES H 123 LUCKY TRAIL LONGWOOD, FL 32750 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLTER, ROBERT L 838 ALAMEDA STREET ORLANDO FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWNLEE, JACKSON O 909 WALD ROAD ORLANDO, FL 32806 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIRE, DAVID G 1641 EAGLE NEST CIRCLE WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEANGELIS, JOHN L 285 HUMKEY STREET, NE PALM KEY, FL 32907 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANKS, TERRY M 655 OAK HOLLOW WAY ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLTER, ROBERT L 838 ALAMEDA STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEOD, CHRISTINE Q 117 PAL STREET WINDERMERE FL 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAIRE, DAVID G 1641 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORA, ENRIQUE J 100 BLACK CHERRY COURT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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.							
SIGNATURE: 				DAVID G MAIRE 1/8/04 407-926-7700			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			