

PD10000043748

FRIEDMAN, DUQUE & CO CPAs

800 South East Third Avenue Suite 301

Fort Lauderdale, FL 33316

(954) 763-8100

Fax (954) 763-6969

Steve Schulman

Date:

8/16/01

800004555748--7

-08/24/01--01074--025

*****35.00 *****35.00

PLEASE FOLLOW INSTRUCTIONS AS CHECKED BELOW:

FORM NUMBER..... Change of Registered Agent

PERIOD.....

MAIL BEFORE..... 8/31/01

SIGN: (X) ONE OFFICER OF CORPORATION SIGN AT (X), INDICATE TITLE AND DATE
AND
(X) NEW REGISTERED AGENT SIGN ACCEPTANCE AT BOTTOM OF FORM

PAYMENT AMOUNT: () NO REMITTANCE NECESSARY
(X) WRITE CHECK IN THE AMOUNT OF \$ 35

MAKE CHECK PAYABLE TO "Secretary of State"

MAIL TO:

DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

FILED
01 AUG 21 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE REVIEW THE RETURN AND ALL ATTACHMENTS BEFORE MAILING, If you have any questions, please call us.

Very truly yours,
FRIEDMAN, DUQUE & Co.

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T BROWN AUG 29 2001

RA change

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- FILED
01 AUG 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA
Office (if changed)

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

Date _____

Stephen A. Schulman, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****