FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

DOCUMENT # PO 100 1. Entity Name SPRINGER AIVCO	05-15-2002 90065 014 ***150.00				
DO NOT WRITE		PACE			
2. Principal Place of Byginess 5/42 Generally Dr.					
Suite, Apt. #, etc.	ite, Apt. #, etc. Suity, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Bate lando , FL.	Optondo, FL,		4. FEL Number 59 - 374 14	96	Applied For Not Applicable
32819 Country U.S.A	zip 328/9	Country, S. A.	5. Certificate of Status Desired	□ \$8.7	5 Additional equired
	7. Name and Address of Current Registered Agent Name				
DO:NOT W	Ign-L. Springol				
IN THIS SP	. గ్రామంలో జాలో కారంలో కారు మూయి	Suleet Address (P.O. Box Number is Not Acceptat	<u>^</u>	
		514	beenway	Da.	
OF CHAIN THE STREET		City 00/9	ndo		28/9
8. The above named entity submits this statement for	the purpose of changing its r	registered office or register	ed agent, or both, in the State of I	Florida.	
SIGNATURE Signature, typed or printed name of registered agent a	and title if apolicable. (NOTE:	Registered Agent signature required	when reinstation!	DATE	
This corporation is eligible to satisfy its Intangible					
Tax filing requirement and elects to do so. (See criteria on back)			10. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS	The Print Print on the	THE SHALL SEE MAN	AN SEAS FEIL OF	5 E. S. S. S. C.
TITLE PRESIDENT NAME Alanh Spains en DN: STREET ADDRESS 5/92 GIRCHWay DN: CITY-ST-ZIP Ollando, F1. 32819		NAME: STREET ADDRESS CITY-ST-ZIP			34B (12/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ATTUE STATE ADDRESS STATE OF THE STATE OF TH			CR2E0348
TITLE NAME		OHILE AND A SECOND			
STREET ADDRESS CHY-ST-ZIP		STREET ADDRESS	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		MAME STREET ADDRESS OTT STOP 5	IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	!				
LE ME REET ADDRESS Y-ST-ZIP		THANE STREET ACCRESS City St. Top St.			
13. 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 information stated in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the total empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all the empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED AND EXPENSE OF PICKING OFFICER OR DIRECTOR Date Daysine Phone #					