FILED

2002 UNIFORM BUSINESS REPORT (UBR)

| NAME STREET ADDRESS CITY-ST-ZIP TITLE D WALSH, MICHAEL 1100 LINTON BLVD., STE. C-9 DELRAY BEACH FL 33444 D WALSH, MARK STREET ADDRESS CITY-ST-ZIP TITLE D WALSH, MARK 1100 LINTON BLVD., STE. C-9 DELRAY BEACH FL 33444 TITLE D WALSH, WILLIAM 1100 LINTON BLVD., STE. C-9 DELRAY BEACH FL 33444 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE D Delete D D | DOCUMENT #P01000118481 | | | | | | Apr 29, 2002 8:00 am Secretary of State | | | |
|--|--|--|----------------------------|--------------------------|--|----------------------------|---|---|-----------------|--|
| 1100 LINTON BLVD. STE. C-9 DERAY BEACH FL 33444 2. Pincepal Place of Business Suite. And Address of Current Registered Agent To Large and Address of Current Registered Agent To Large and Address of Lourent Registered Agent To Large and Address of Now Registered Agent To Large and Addr | MARINAM | KEY INVESTMENTS CORPOR | ATION | | $\sqrt{}$ | | 04-29-2002 901 | 19 030 ***150 | .00 | |
| 2. Principal Place of Business 3. Mailing Address Suite, Apit #, etc. DO NOT WRITE IN THIS SPACE City & State Country Zip Country S. Certificate of Status Desired Applies For Mox Applicant City & State Country S. Certificate of Status Desired Set Address of Not Applicant City & State Country S. Certificate of Status Desired Set Address City & State Country Street Address of Now Registered Agent City FL Zip Code City FL Zip C | Principal Plac | e of Business | Mailing Address | | | 1 | | | | |
| Suits, Apt. 8, etc. Suits, Apt. 8, etc. Suits, Apt. 8, etc. Suits, Apt. 8, etc. City & State Country S. Certificate of Status Desired S8.75 Additional Feed Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code 8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. SIGNATURE Symbol Type or private save of ingreeout agent and its if applicable. (City FL Zip Code 8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. SIGNATURE Symbol Type or private save of ingreeout agent and its if applicable. (City FL Zip Code 8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. SIGNATURE Symbol Type or private save of ingreeout agent and its if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fe | | | | | | } | 1 135 1123 () / 80 () () () 1 20 () 80 () 80 () 80 () | 81 12 88 1 (2 88 1 (81)) 81881 | 18181 1181 1881 | |
| City & State | 2. Principal F | Place of Business | 3. Mailing Address | | | | | | | |
| Signature and early submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. Signature and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and the statement and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and the statement and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and statement and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and statement and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and statement and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and statement and early submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Signature and statement and early submits and early sub | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| Size Address of Status Desired Agent Status Desired Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Date City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Date City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Date City FL Zip Code The City Fl Zip Code | City & Stát | ė | City & State | | | 4. F | El Number | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Foorida. SIGNATURE 9. This corporation is eligible to satisfy its intrangine Tax filing equitiement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITHE INAME SIREET ADDRESS OITY-ST-2P DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, MARK 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 D WALSH, WILLIAM 1100 LINTON BLVD, STE. C-9 DETARY BEACH FL 33444 | Zip | Country | Country Zip Cou | | <i>y</i> | | | | | |
| 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. SIGNATURE Signature, types or presed name of registered agent and isled agent and isled agent and isled agent and selects to do so. Signature, types or presed name of registered agent and isled agent and isled at the fapplicable. (NOTE Registered Agent sonture required when recreasing) DATE | • | 6. Name and Address of Current Re | egistered Agent | | Name | 7. N | Name and Address of New Regist | tered Agent | | |
| PLANTATION FL 33324 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. SIGNATURE Sprature, types or printed name of registered agent and the if applicable. | | | | - | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent are title if epoticibile. (NOTE Registered Agent signature requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | | | | | | | | | | |
| SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 17. OFFICERS AND DIRECTORS 18. Election Campaign Financing Trust Fund Contribution. 19. Change Additional Contribution Additional | | | | | City | | | FL Zip Code | e | |
| Signature, typed or printed ramper and tregitated agent and tregitable. (NOTE Registered Agent squalute required when revisiting) DATE | 8. The above | named entity submits this statement for the | ne purpose of changing its | registered | office or registe | red ag | ent, or both, in the State of Florida. | | | |
| Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. \$5.00 May Be Added to Fees | SIGNATURE . | Signature, typed or printed name of registered agent and | title if applicable. (NOTE | : Registered / | Agent signature require | d when re | einstating) | DATE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DU WALSH, MICHAEL 1100 LINTON BLVD., STE. C-9 DELRAY BEACH FL 33444 DU WALSH, MARK 1100 LINTON BLVD., STE. C-9 DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33444 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33444 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Tax filing requirement and elects to do so After N | | |)2 Fee w | ill be \$550.00 | | | | | |
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| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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 | NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET CITY-S | T-ZIP | | 110 07/0V3 Fiz-id- 0/ | | Addition | |

SIGNATURE,

GNATURE:

Separate and part 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR