2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # P02000083955 Tell y Address 185 N. LAKEMON AFE Phrace of Business 185 N. LAKEMON AFE WINTER PARK, FI. 32792 185 N. LAKEMON AFE WINTER PARK, FI. 32792 185 N. LAKEMON AFE County Zp County Zp County Zp County S. Noting Address 4. FEI Number 76-0706698 Note 4. FEI Number 76-0706698 S. Note Application For Pagatation F	ANNUAL REPORT						Sceretary or State			
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DAVID C. SCHWARTZ, P.A. 201 EAST PINE STREET ORLANDO, FL' 32801 City City FL Zin Cod City City City FL Zin Cod City City Addition City City City Addition City City City City City City City City City Addition City Cit	Zip	Country	Zip Cour			5. Certificate c	f Status Desired			
DAVID C. SCHWARTZ, P.A. 201 EAST PINE STREET 700 ORLANDO, FL 32801 City FL ZipCode City FL ZipCode a. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Periods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Periods. I am familiar with, and accept the obligations of registered agent. SIGNATURE TILLE MOWILI FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Defendes AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. APPEL, DENNIS S D.D.S. SIGNA Address a City of the Author of the purpose of changing in registered diffice or registered agent, or both, in the State of Periods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Periods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Periods. I am familiar with, and accept the contribution. SIGNATURE FILE MOWILI FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Defended Int. APPEL, DENNIS S D.D.S. SIGNATURE ADDRESS OFFI-61-IP TILLE Defended Int. SIGNATURE ADDRESS OFFI-61-IP TILLE Defended Int. SIGNATURE ADDRESS OFFI-61-IP TILLE Defended Int. SIGNATURE ADDRESS OFFI-61-IP TILLE Defended Int. SIGNATURE ADDRESS OFFI-61-IP Defended Int. SIGNATURE ADDRESS OFFI-61-IP TILLE Defended Int. SIGNATURE ADDRESS OFFI-61-IP SIGN		6. Name and Address of Current F	lagistered Agent	<u> جو جو جو جو جو جو </u>		_7Name and /	Address of New R	legistered Agent		
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent. Signature Signature Signature injections of registered agent with a registered agent with a registered agent with a registered agent with a registered agent or being agent with a registered agent or registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent with a registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obtigations of registered agent, or both, in the State of Florids. I am familiar with, and accept the property of the proper	201 EAST PINE STREET 700				***************************************					
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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 outly 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.

PLES / o week.

SIGNATURE

SALL DEN S S. APFEL, PDS
HISNATURE AND TYPED DOTOSATED NAME OF BLOOMING DEFICER OR NAM

4/26/04

(407)644-7703