FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90143 007 ***150.00

Davilme Prione #

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

			_ \	. 04-30-2003 9	0143 007 *****150.00
DOCUMENT 1. Entily Name	# P0200	0089818			
I. Dun	I had sin	r. Esonne			
DO N	OT WRITE		PACE	1103(0194
2. Principal Place of Bus	iness	3. Mailing Address	<u>, i e iz û û îsafa, înêa:</u>		
1687 ME 185 1154. Suite, Apt. #, etc.		Suite, Apt. #, etc.			THIC COACE
odio, rpt. ii, dec.		Suite, Apr. 17, Cic.		DO NOT WRITE IN THIS SPACE	
City & State Whole Fl Zip Country		City & State		4. FEI Number	Applied For Not Applicable
25773cP	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		APPLACED TO THE STATE		7. Name and Address of Current Regis	stered Agent
	OO NOT W	DITE		ren Fraland	
Light of the first of the contract of the cont	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	the latest the same of the sam	Street Address ((P.O. Box Number is Not Acceptable)	ļ
AT 18 COMME	N ₃ THIS ₃ SF	ACE		12 Min 7/1 7/1 T	
			City N		FL Zip Gode
8. The above named ent	tily submits this statement fo	r the purpose of changing	its registered office or registe	red agent, or both, in the State of Florida.	
the obligations of regi	stered agent.			\ \	
SIGNATURE KARRA England Signature, System of printed name of Registered agent and take if applicable. (NOTE: Registered Agent signature required when remisuring) A LR 13 D TE					
After May	May 1 Fee is \$150.00 / 1, Fee is \$550.00			9. Election Campaign Financin	9 _ \$5.00 May Be
Amende Make Check Payable	d UBR is \$61.25 to Florida Department of	State		Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND				
HILE President (Y)			MLE		(12/02)
NAME INCH DENNIS COOK IC.		NAME STREET ADDRESS			
CHY-SI-ZIP (1/20)		J 33328	CUTY ST. ZIP		88
TITLE NAME			NAME		CRZE034B
STREET ADDRESS			STREET ADDRESS		
CHY-SI-ZIP			CHY ST ZIP		# , · * ·
THILE NAME					
STREET ADDRESS			NAME STREET ADDRESS	SA NAT W	
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT W	KIIE
TITLE NAME			NAME	IN THIS SF	PACE
STREET ADDRESS			STREET AUDRESS		
CITY-ST-ZIP			City-St-ZiP		**************************************
TITLE NAME			TITLE TO A STATE OF THE PARTY O		
STREET AUDRESS			STREET ADDRESS		
OHY-ST-ZIP			ÇITY-Şİ ZIP		
NAME			NAME TO THE RESERVE T		
STREET ADDRESS			SIREET ADDRESS		
12. Thereby certify that	the information spectad with	h this Gline dose set exert	Carry Straip	Colon 110 07/2/0 5	
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 of 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 office or of director of the corporation or the receiver—Attrusice empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name approachs in Block 10 or on an					
of the corporation or the leceiver at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: V. Janus Lord VI. 194, JACK DEMANS (AD) 1. 478/13					
1	SIGNATURE AND THEE OR	PRINTED NAME OF SIGNING OFFIC	CER OR DIRECTOR	Date	Davime Phone #