FILED Apr 30, 2004 8:00 am Secretary of State

ANNUAL REPORT	Ur

Principal Place of Business 21820 HIGH PINE TRAIL BOCA RATON, FL 33428 2. Principal Place of Business Suite, Apl. #, etc. Suite, Apl. #, etc. City & State City & State Country Serviced Agent Name Name City City FL Zip Code City City FL Zip Code City C	able
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Country Country S. Certificate of Status Desired Registered Agent Name MCKOWEN, GEORGE E 21820 HIGH PINE TRAIL BOCA RATON, FL 33428 City Suite, Apt. #, etc. O1262004 Chg-P CR2E034 (10/03) Applied F Not Applied Street Address of Status Desired Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submitted this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and acceptable agent, or both, in the State of Florida. Lam familiar with, and acceptable agent, or both, in the State of Florida. Lam familiar with, and acceptable agent, or both, in the State of Florida. Lam familiar with, and acceptable agent, or both, in the State of Florida. Lam familiar with, and acceptable agent, or both, in the State of Florida. Lam familiar with, and acceptable agent, or both, in the State of Florida. Lam familiar with, and acceptable agent, or both, in the State of Florida. Lam familiar with, and acceptable agent.	able
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) 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 Florida. I am familiar with, and acceptable is not acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with, and acceptable in the state of Florida. I am familiar with a state of Florida.	ept
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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. I am familiar with, and ac	ept
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SIGNATURE Signature, typed or printed basic of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstaing) DATE	}
O. Floring Complete Floring	\dashv
FILE NOW!!! FEE \$\$\$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	-
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 or 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 officer or directly 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 changed, or ori an attachment with an address, with all other like empowered.	ctor 1
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description Proper of Description Proper	إسسى