

FROM : MITCHELL J HOWARD CPA

PHONE NO. : 954 454 8114

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90001 029 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

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| <b>DOCUMENT # P03000095809</b><br>1. Entity Name<br><b>JS FRIEDBERG STABLES, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                                        |                                                                                        |                                                                                                            |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| Principal Place of Business<br><b>2607 PARKVIEW DR.<br/>         HALLANDALE BEACH, FL 33009 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                                                                                        | Mailing Address<br><b>2607 PARKVIEW DR.<br/>         HALLANDALE BEACH, FL 33009 US</b> |                                                                                                                                                                                             |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                                        | 3. Mailing Address<br>Suite, Apt. #, etc.                                              |                                                                                                                                                                                             |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                        | City & State                                                                           |                                                                                                                                                                                             |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      | Country                                                                                                                |                                                                                        | Zip                                                                                                                                                                                         |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | Country                                                                                                                |                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                             |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>FRIEDBERG, JEAN S<br/>         2607 PARKVIEW DR.<br/>         HALLANDALE, FL 33009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                        |                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                           |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| 8. The above named entry 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 accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                                        |                                                                                        | SIGNATURE _____ DATE _____<br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing))</small> |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                        | 10. OFFICERS AND DIRECTORS                                                                                                                                                                  |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">FRIEDBERG, JEAN S</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">2607 PARKVIEW DR.</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">HALLANDALE, FL 33009</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> |      | TITLE                                                                                                                  | P                                                                                      | NAME                                                                                                                                                                                        | FRIEDBERG, JEAN S | STREET ADDRESS | 2607 PARKVIEW DR.    | CITY-ST-ZIP                     | HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> |  |  |  | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |  | STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |  | STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |  | STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |  | STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE |  | STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P    | NAME                                                                                                                   | FRIEDBERG, JEAN S                                                                      | STREET ADDRESS                                                                                                                                                                              | 2607 PARKVIEW DR. | CITY-ST-ZIP    | HALLANDALE, FL 33009 | <input type="checkbox"/> Delete |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | NAME                                                                                                                   |                                                                                        | STREET ADDRESS                                                                                                                                                                              |                   | CITY-ST-ZIP    |                      | <input type="checkbox"/> Delete |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NAME | STREET ADDRESS                                                                                                         | CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | STREET ADDRESS                                                                                                         |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | STREET ADDRESS                                                                                                         |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | STREET ADDRESS                                                                                                         |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | STREET ADDRESS                                                                                                         |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | STREET ADDRESS                                                                                                         |                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                           |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 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 the empowered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                                        |                                                                                        |                                                                                                                                                                                             |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |
| SIGNATURE: <u><i>J. S. Friedberg</i></u> <span style="float: right;">1-9-04</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                                                                                        |                                                                                        |                                                                                                                                                                                             |                   |                |                      |                                 |                      |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |       |  |      |  |                |  |             |  |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |       |      |                |             |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |       |  |                |  |                                                                   |

**JEAN S. FRIEDBERG**