FILED

2003 FOR PROFIT CORPORATION

UN	IFORM	BUSINE	Feb 26, 2003 8:00 am						
1. Entity Nan			7 PMENT CORPORAT	ION		Secretary of State 02-26-2003 90147 031 ***150.00			
902 CNINT MO STE 220 BOCA RATON US	Place of Business	hwg nd	Mailing Address 982 CLINT MOORE RD STE 228 BOCA RATON FL 33487 US 3. Mailing Address Suite, Apt. #, etc.	shing !	ed	٧.	IECK HERE IF MAK		
City & Stat	te loud	N/C-	City State	NC		4. FEI Number 35	-1721665		oplied For
Zip 270		Gountry USA Id Address of Current I	27608	Country		5. Certificate of State 7. Name and Addre	us Desired 🔲	\$8.75 Ade	
CONWAY, STEPHEN P. 902 CLINT MOORE ROAD SUITE 226 BOCA RATON FL 33487					ddress (P.	PHSON	Care		2.4 <i>2</i> .
SIGNATURE . F After	r May 1, 2003	SEP		E: Registered Agent signatu	R required w		ampaign Financing Contribution.	\$5.0	0 May Be
10.	it i ayabic to i i	OFFICERS AND		11.		ADDITIONS/CHANG	GES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CONWAY, ST 902 CLINT M BOCA RATOR	TEPHEN P. OORE ROAD, SUITE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	117	pierso	_	Change	Addition
TITLE NAME Street address City-St-Zip	VD CONWAY, JE 902 CLINT M BOCA RATON	OORE ROAD, SUITE	☐ Delete 220	TITLE NAME STREET ADDRESS CITY-ST-ZIP		o Pensh aleigh,		Change	Addition
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TITLE NAME STREET ADDRESS DITY-ST-ZIP	ertify that the inf	ormation cumplied with	☐ Delete this filing does not qualify for	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ad in Co	No. 440 07(0V). Fi	lo Statutos I fundi	☐ Change	Addition

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 like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

21/13 828-95/1

CR2E034 (10/02)