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

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # P93 1. Entity Name HAP; leternation	00001073 onal	05-21-2002 91190 029 ***158.75	
DO NOT WRITE IN THIS SPACE			
2 Principal Place of Business 12 12 S. HiAWASSIE L	D 3. Mailing Address	SAME	
Suite, Apt. #, etc. # 536	Sulte, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State ORLAND > FL	City & State		4. FEI Number 59 329 920 3 Applied For Nor Applicable
2ip 32835 Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
		_Name	7. Name and Address of Current Registered Agent
DO NOT	WRITE	Street Address	(11- Huith En
IN THIS SPACE			S. HIAW PASE FO.
		City DRL	AND O FL Zip Code 32835
8. The above named entity submits this statem	nent for the purpose of changing its		
SIGNATURE Signature, typed or printed name of registere	d agent wird title of applicable. (NO)	L: Registered Agent sugnature require	d when reinstatung) DATL
9. This corporation is eligible to satisfy its Inta Taxifiling requirement and elects to do so. (See criteria on back)	After May Amende	key 1 Fee to \$150,00 1. Fee is \$550,00 of VIRR is \$61,25 ble to Department of Sta	10. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees
THE PARTIDALT	AND DIRECTORS	RRE	60
NAME ERICH HUEF STREET ADDRESS 1212 S. HIPWA	TEL H #536	MANNE STREET AUTORESS	CRZETGAB (12/01)
COTY-ST-ZEP OR LANDO	FL 32835	CITY ST-7IP	44
NAME Street address		NAME.	CK.
CITY-ST-ZIP		SBRET ADDRESS Criy-St-78	
TITLE NAME		TITE I NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CHY-ST-89	DO NOT WRITE
TILE	6 P P A A A 6 6 P P 6 8 8 9 A 5 11 11 11 11 11 11 11 11 11 11 11 11 1	me	IN THIS SPACE
NAME Street Address		NAME STREET NOORESS	
TITE		CTY-S1-20P	
NAME Street address		MIE	
CITY-ST-ZP		STREET AUDIESS CITY-ST- DP	
title Name		TITL!	
Street address City-St-21P		STREET ADDRESS CITY SEE BR	
13. I hereby certify that the information supplies	d with this liting does not qualify for	the everntion stated in Se	ction 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee-lempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 4/30/02 SIGNATURE: 4/30/02 Dogsen: Phane /			