FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

28. Mailing Address 26. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country And Address of Current Registered Agent ELGHABER, DAU 4301 WEST VINE ST KISSIMMEE FL 34746 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as Signature Signature	e of Las' 5/01/1 \$8.7 Fee \$5. Ad: ax under Agent	Report 1995 Applied For Not Applicable 75 Additional Required 00 May Be ded to Fees s 199.032,
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Simmate Ft 34746 Sissimmate Ft 34748 S	\$8.7 Fee \$5. Ad: ax under Agent	Applied For Not Applicable 75 Additional Required 00 May Be ded to Fees s 199.032,
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 59-3180488 Suite, Apt. #, etc. 5. Contificate of Status Desired City & State City & State City & State City & State 2. Country 2. Country 2. Country 2. Country 2. Country 3. This corporation has liability for intangible target in the state of Current Registered Agent ELGHABER, DAU 4301 WEST VINE ST KISSIMMEE FL 34746 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) FL 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic amiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. 8. Signification of Pricers and DIRECTORS NOTE: Registered Agent signature required when revisiting? DATE 11. Figure is part of price of pr	\$8.7 Fee \$5. Ad: ax under Agent	Applied For Not Applicable 75 Additional Required 00 May Be ded to Fees s 199.032,
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Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution 8. This corporation has liability for intangible ta Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ELGHABER, DAU 4301 WEST VINE ST KISSIMMEE FL 34746 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 83 84 City FL 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of cha or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as similar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or princed name of registered agent and title of application. (NOTE: Registered Agent signature required when recistancy.) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Titlle	Adden Agent	s 199.032,
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and certify that the information indicated on this annual report or supplemental annual report or and accurate and that my signature shall have the same legal et oath; that I am an officer or director of the corporation or the receiver or trustee expowers in Block 12 or Block 13		

CY, 25146 Dayline Phone #