2004 FOR PROFIT CORPORATION

SIGNATURE:

Mailing Address 1101 S. CONGRESS AVE DELRAY BEACH FL 33445 Suite Apt. #, etc. City & State City & State City & State Country		IENT # P9300007248	39		Ols FED 10 -
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ELMORE, GEORGE T 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	Zip	Country	Zip .	Country	5. Certificate of Status Desired Fee Required
ELMORE, GEORGE T 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida accept the obligation facing t		6. Name and Address of Current	Registered Agent		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 direct 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 direct 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 direct 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 direct 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 direct indicated on this report of 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 direct indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oa	FF After Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	May 1, 2004 Fee will be \$580.00 May 1, 2004 Fee will be \$580.00 Payable to Florida Department OFFICERS AND PD ELMORE, GEORGE T 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 VD SCHAEFER, CONRAD W 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 STD FAGAN, GREGORY J 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 D SHEEHAN, RICHARD C 200 ADMIRAL S. COVE BLVD. JUDITER FL 33477	D DIRECTORS Delete Delete Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Add Chan