Entity Name	,	_		Jan 12, 2001 8:00 am Secretary of State
A I_R <sub>.</sub> C <sub>.</sub> (	ONCIERGE, IN	C	<b>-</b>	01-12-2001 90032 003 ***150.00
FOREST HI		Mailing Address 2677 FOREST HILL BLVI SUITE 109		B0002548
I PALM BE	ACH FL 33406	WEST PALM BEACH FL US	33400	
Principal Pl	ace of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	Э	City & State	<u> </u>	4. FEI Number 65-0444006 . Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
<del>-</del>	6. Name and Address of C	urrent Registered Agent	_ <u>L</u>	7. Name and Address of New Registered Agent
523 P	CO, SALVATORE N PHEASANT LANE MONTH		Street Ag	SALVATURE N. TOCCO  digress (P.O. Box Number is Not Acceptable)  SALVATURE N. TOCCO  DIGRESS (P.O. Box Number is Not Acceptable)  AND ASANT LANE NORTH
	named entity submits this states	^ <b>^</b>	its registered office or	registered agent, or both, in the State of Florida.
The above		ed egent and title if applicable. (I) angible FILE NO After MAY 1,		registered agent, or both, in the State of Florida.    16
The above  GNATURE _  This corpo  Tax filing re (See criteri	named entity submits this stated about the state of the s	ed agent and title if applicable.  angible FILE NO After MAY 1, Make Check Pa S AND DIRECTORS	g its registered office or  NOTE: Registered Agent signatu  W!!! FEE IS \$150.0  2001 Fee will be \$5	registered agent, or both, in the State of Florida.
The above  GNATURE _  This corpo Tax filing re (See criteri	named entity submits this stater  Signature, typed or printed name of register  oration is eligible to satisfy its Inta equirement and elects to do so. ia on back)  OFFICER.  PT  BLEWS, MONTE R  1913 AYASHIRE PL	ed agent and title if applicable. (III) anglible FILE NO After MAY 1, Make Check Pa	p its registered office or  NOTE: Registered Agent signature  NOTE: Regist	registered agent, or both, in the State of Florida.    16
The above  GNATURE _  This corpo Tax filing re (See criteri  E  AE  EET ADDRESS  F-ST-ZIP  E  EET ADDRESS	named entity submits this stated  Laurator  Signature, typed or printed name of register  oration is eligible to satisfy its Inte equirement and elects to do so. ia on back)  OFFICER.  PT  BLEWS, MONTE R  1913 AYASHIRE PL  OVIEDO FL 32765  VS  TOCCO, SALVATORE N J  523 PHEASANT LANE N	ed agent and title if applicable.  angible FILE NO After MAY 1, Make Check Pa S AND DIRECTORS	note: Registered Agent signature.  12.  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State of Florida.    G
The above  GNATURE _  This corpo Tax filing re (See criteri  E  ME EET ADDRESS (-ST-ZIP)  E EET ADDRESS (-ST-ZIP)  E ME EET ADDRESS	named entity submits this stated  Lawtov  Signature, typed or printed name of register  oration is eligible to satisfy its Inte equirement and elects to do so. ia on back)  OFFICER.  PT  BLEWS, MONTE R  1913 AYASHIRE PL  OVIEDO FL 32765  VS  TOCCO, SALVATORE N J	red agent and title if applicable. (In anglible anglible After MAY 1, Make Check Pa S AND DIRECTORS	g its registered office or  NOTE: Registered Agent signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State of Florida.    C
The above  GNATURE _  This corpo Tax filing re (See criteri  EE AE EET ADDRESS Y-ST-ZIP  E AE EET ADDRESS	named entity submits this stated  Laurator  Signature, typed or printed name of register  oration is eligible to satisfy its Inte equirement and elects to do so. ia on back)  OFFICER.  PT  BLEWS, MONTE R  1913 AYASHIRE PL  OVIEDO FL 32765  VS  TOCCO, SALVATORE N J  523 PHEASANT LANE N	red agent and title if applicable. (In the property of the pro	g its registered office or  NOTE: Registered Agent signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State of Florida.    16
The above  GNATURE _  This corpo Tax filing re (See criteri  E  E  E  E  E  T  T  T  T  T  T  T  T	named entity submits this stated  Laurator  Signature, typed or printed name of register  oration is eligible to satisfy its Inte equirement and elects to do so. ia on back)  OFFICER.  PT  BLEWS, MONTE R  1913 AYASHIRE PL  OVIEDO FL 32765  VS  TOCCO, SALVATORE N J  523 PHEASANT LANE N	ed agent and title if applicable. (In the property of the prop	I its registered office or  NOTE: Registered Agent signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State of Florida.    C

1/8/01

Date

56 1- 434-00\$1 Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR