2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2004 8:00 am Secretary of State

Williams IIII Alti					~~~~	ary or so		
1. Entity Name	MENT # P94000023		01-30-2004 90067 034 ***1 50.00			0.00		
Principal Place of Business Mailing Address				-	44001	0 06 7		
401 CORBETT ST 401 CORBETT ST								
STE 450 STE 450							•	
			US					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262004	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number Applied For 59-3235701 Not Applicable			
Zip	Country	Zip	Country	5. Certificat	e of Status Desired	□ \$8.75 Addi Fee Required	tional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
MCKELLAR, STEPHANIE S				Stelios Minotakis				
401 CORBETT ST STE 450			Street Add	Street Address (P.O. Box Number is Not Acceptable) 401 Corbett St.				
CLEARWATER, FL 33756			Ì	Suite 450				
				Clearwater		FL Zip Code 33756		
8. 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.								
1/26/04								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be								
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.			Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLE	TD	☐ Delete	TITLE .			☐ Change	Addition	
NAME	MORRITT, ANOUSKA		NAME					
STREET ADDRESS	401 CORBETT ST, STE 450		STREET ADDRESS					
CiTY-ST-ZIP	CLEARWATER, FL 33756	(D) c	CITY-ST-ZIP	78			(T)	
TITLE	MCKELLAR, STEPHANIE S	Delete	TITLE NAME	PS_'		☐ Change	⊠ Addilion	
STREET ADORESS	401 CORBETT ST, STE 450		STREET ADDRESS	Minotakis				
CITY-ST-ZIP	CLEARWATER, FL 33756		CiTY-ST-ZIP	401 Corbe Clearwate	tt St., Sy	ite 450		
=TITLE	VP.	. Delete	TITLE	D		7-30 ☐ Change	Addition	
NAME	STELICS, MINOTAKIS		NAME	Robert E	White		V	
STREET AOORESS CITY-ST-ZIP	401 CORBETT ST., STE 450							
TILE	1		STREET ADDRESS	401 Corbe	tt St., s	ujte 450		
NAME	CLEARWATER, FL 33756	□ Delete	STREET ADDRESS CITY-ST-ZIP TITLE	401 Corbe Clearwate	tt St., S c, FL 33	uite 450 756 □ Change	☐ Addition	
4	1	☐ Delete	CITY-ST-ZIP TITLE NAME	401 Corbe Clearwate	tt St., S c, FL 33	756	☐ Addition	
STREET ADDRESS	1	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	401 Corbe Clearwate	tt St., S c, FL 33	756	Addition	
STREET ADDRESS CITY-ST-ZIP	1		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	401 Corbe Clearwate	tt St., S	756		
STREET ADDRESS	1	□ Delete □ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	401 Corbe Clearwate	tt St., S	756	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	401 Corbe Clearwate	tt St., S	756 Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	401 Corbe Clearwate	tt St., S	756 Change	☐ Addition	

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 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 SIGNING OFFICER OR DIRECTOR

1/26/04 4475344