ANNL	PROFIT PORATION JAL REPORT 1998	Senda Sec	PARTMENT OF STATE <b>B. Mortham</b> retary of State DF CORPORATIONS	FILED Jun 04, 1999 8:00 am Secretary of State 06-04-1999 90008 001 ***150.00
DOCUN 1. Corporation DIRECT		00030928 (	3)	a searchad an anns arais arris arris arris arris arris arris arris arris ar
PSG	CHOLOGICHL INK	SIGAATS, IMC.		
Principal Place 2000 NORTH SUITE 102 BOCA RATON	of Business OCEAN BLVD.	Mailing Address 2000 NORTH OCEAN SUITE 102 BOCA RATON FL 33		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
				04/22/1994
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number Applied I 65-0506580 Not Appl \$8.75 Additio
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
2 City & State	9	27 City & State		6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees
3 Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
4	25 9. Name and Address of C	29		10. Name and Address of New Registered Agent
11. Pursuant t	to the provisions of Sections 60	7 0502 and 607, 1508, Florida Si State of Florida, Such change w	atores, the active-harried	The second at directory 1 boreby accept the appointment as regist
agent. Lat	m taminar with, and accept the	obligations of, Section 607.0505	(NOTE Registered Agent signature	corporation submits this statement for the purpose of changing its regis poration's board of directors. I hereby accept the appointment as regist required when renstaling) DATE
SIGNATURE	Signature, typed or publied name of registe	ed agent and title if applicable S AND DIRECTORS	NOTE Registered Agent signature	
agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or publicd name of register	red agent and lills if applicable	NOTE Registered Agent signature	ADDITIONS/CHANGES TO OFFICE RG AND DIRECTORS IN T ADDITIONS/CHANGES TO OFFICE RG AND DIRECTORS IN T M Change A 2000 N - 0004 N BLVD. BCCA RATON, FL 33 Y31
agent. Lan SIGNATURE 12. 111LE SIREET ADDRESS CITY -ST - ZIP TITLE NAME	Signature, typed or printed name of register OFFICER	ed agent and title if applicable S AND DIRECTORS	INOTE Requisiered Agent signature	required when reinstalling) OATE ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 1
agent. I an SIGNATURE III. III. III. III. III. III. III. II	Signature, typed or printed name of register OFFICER	State of Fight Section 607.0505	INOTE Requisiered Agent signature	ADDITIONS/CHANGES TO OFFICE RG AND DIRECTORS IN T ADDITIONS/CHANGES TO OFFICE RG AND DIRECTORS IN T M Change A 2000 N - 0004 N BLVD. BCCA RATON, FL 33 Y31
agent. Lan SIGNATURE IZ. ITLE HAME STREET ADDRESS SITY - ST - ZIP ITLE HAME STREET ADDRESS SITY - ST - ZIP ITLE HAME HAME HAME	Signature, typed or printed name of register OFFICER	State of the section 607.0505 ed agent and title if applicable S AND DIRECTORS DELETE	INOTE Projisiered Agent signature	DATE       ADDIHONS/CHANGES TO UFICE RS AND DIRECTORS IN 1       M Change       ADDIHONS/CHANGES TO UFICE RS AND DIRECTORS IN 1       M Change       ADDIHONS/CHANGES TO UFICE RS AND DIRECTORS IN 1       M Change       ADDIHONS/CHANGES TO UFICE RS AND DIRECTORS IN 1       M Change       A Boch       REV D       Boch       Change       I
agent. Lan SIGNATURE 12. 11. 12. 11. 11. 11. 11. 11. 11. 11.	Signature, typed or printed name of register OFFICER	State of the section 607.0505  red agent and title if applicable S AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	INOTE Provide Statutes. INOTE Provisiered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME	DATE       ADDITIONS/CHANGES TO OFFICE HS AND DIRECTORS IN 1       M Change     M       2000     N - 0009 N     BLVD.       Boch     Change     A       Change     I
AGGNATURE 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 CITY - ST - ZIP	Signature, typed or printed name of register OFFICER	State of Fightions of, Section 607.0505  red agent and title if applicable S AND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	INOTE Projislered Agent signature    I.1. TITLE   I.2. NAME  I.3. STREET ADDRESS  I.4. CITY - ST - ZIP  2.1. TITLE  2.2. NAME  3.3. STREET ADDRESS  2.4. CITY - ST - ZIP  3.1. TITLE  3.2. NAME  3.3. STREET ADDRESS  3.4. CITY - ST - ZIP  4.1. TITLE  4.2. NAME  4.3. STREET ADDRESS  4.4. CITY - ST - ZIP	required when tensialing] DATE ADDITIONS/CHANGES TO OFFICE HS AND DIRFCT M Chang 2000 N. 00094 BLVD. <u>Воса Кнурлі, FL 33 431</u> Chang Chang