


**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**  
01-19-2000 90169 014 \*\*\*150.00

### 1. Entity Name

01-19-2000 90169 014 \*\*\*150.00

603087

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		<div style="text-align: center;">  <p>603087</p> </div> <p>DO NOT WRITE IN THIS SPACE</p>					
800 E. BROWARD BLVD. STE. 608 FT. LAUD. FL 33301 US		800 E. BROWARD BLVD. STE. 608 FT. LAUD. FL 33301-2084 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number <b>65-0504106</b>					
				<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td>Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>			Applied For		Not Applicable
	Applied For								
	Not Applicable								
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<b>GROENEWOLD, DOREEN</b> <b>800 E. BROWARD BLVD., STE. 608</b> <b>FT. LAUD. FL 33301</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<b>FL</b> Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing  Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be  Added to Fees</p>
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[illegible]

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John Lapchewski 1/11/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)