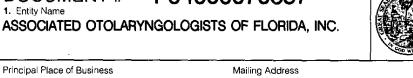
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P94000070357



FILED Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90283 046 ***150.00

						600 WE 195								
Principal Place of Business 4600 N HABANA AVE #23 TAMPA FL 33614 US			Mailing Address 4600 N HABANA AVE #23 TAMPA FL 33614 US											
2. Principal F	Place of Busines	3. Mailing Address												
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				-{	[] CHECK	HERE II	F MAKIN	IG CHAN	GES		
City & Stat	te	City & State				4.	4. FEI Number 59-3269503						plied For t Applicable	
Zip Country			Zip Cou			try	5. Certificate of Status			esired		\$8.75 Fee Re	Add	itional
	6. Name ar	d Address of Current	Registered	Agent			7.	Name and	Address of	New Re	gistered			
						_Name						=>		
Dennis s	S AGLIANO M.				Street Address (P.O. Box Number is Not Acceptable)									
4600 N H	abana ave 4	F23												
tampa fl	L 33614													
						City					FI	Zip	Code	;
	e named entity s tions of register	ubmits this statement fo ed agent.	r the purpos	se of changing its	registere	ed office or regis	stered ag	ent, or both	, in the Stat	e of Flor	ida. I am	familiar	with, a	and accept
SIGNATURE .	Signature, typed or p	rinted name of registered agent a	and title if applica	able. (NOTE	: Registered	d Agent signature requ	uired when re	reinstating)			DATE			
After	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department of	State	-				1	tion Campa t Fund Con	-	-			May Be to Fees
10.		OFFICERS AND		 B	11.		AC	L DDITIONS/C	HANGES T	O OFFIC	CERS AN	D DIREC	TORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ENNIS S M.D. IANA AVE., STE. 23		☐ Delete	TITLE NAME STREE	i						☐ Cha		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOOTHBY, F 4600 N HAB TAMPA FL	RENE A M.D. Ana ave #23	• •	☐ Delete		J						☐ Cha	inge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IAMITATE			☐ Delete	TITLE NAME STREE							☐ Cha	nge	☐ Addition
TITLE NAME STREET ADDRESS (CITY-ST-ZIP				Delete			-				,	☐ Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	4	1			·	<u>-</u>	'8	☐ Cha	nge	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete	CITY-	ET ADORESS ST-ZIP						☐ Cha		Addition
i beteby c	certity that the in	formation supplied with	this tiling do	nes not qualify for :	ine exen	nption stated in	Section 1	119 07/31/i\	Horida Sta	itutes I f	urther ce	ertify that	the int	tormation

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 changed, or on an attachment withyan address, with all other the empowered.

SIGNATURE: