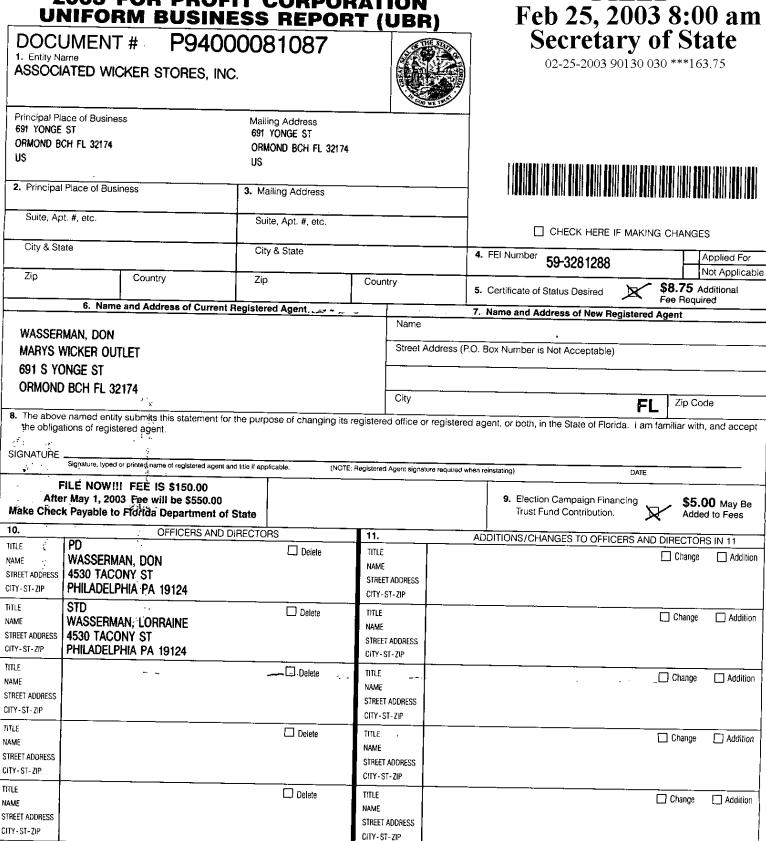
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR



CITY-ST-ZIP 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 changed, or on an attackment with an address, with all other like empowered.

LORRAFNE MANN O2/13/03 215 289 2447

SIGNATURE:

STREET ADDRESS

TITLE

NAME

☐ Delete

LED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-71P

Date

Daytime Phone #

FILED

☐ Change

☐ Addition