ANNUAL KEPUKI

FILED DOCUMENT # P94000093655 Feb 05, 2005 08:00 AM DR. MUNEER HANNA & ASSOCIATES, P.A. **Secretary of State** Principal Place of Business Mailing Address 9480 ARLINTON EXPRESSWAY 9480 ARLINTON EXPRESSWAY JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 01312005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-3287367 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AKEL, EDWARD C 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202 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.) am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ח TITLE NAME HANNA, M N STREET ADDRESS 10977 HICKORY TRO LN CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE NAME U00000216074 02/05/05-80034-011 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.