FILED May 21, 2002 8:00 am Secretary of State 05-21-2002 90885 017 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Signature Subject to satisfy its Intengible Tax filling equiverent and effects to do so. (See cretine on back) Street Address of Current Regulated Agent		/// F C C	00007461 orporation				. .	-		
South April First		O NOT WRI	TE IN THIS SI	PACE						
Solicy of State Solicy Sol	1800 5	S.W. 1st Stre		U. IST SH	reet					
Miles Country Country Sales Sa	Suite 212 Suite 212			_		DO NOT WRITE IN THIS SPACE				
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DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acc		5 <u>0.5</u> .						Fee	Required	
8. The above named entity submits this stategrent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature. Signature species agent and the Espokable. SIGTE Represent Agent alignature troystating) 10. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1. Fee is \$150.00 After May 1. Fee is \$55.00 After May 1. Fee is \$150.00 After May 1. Fee i					WILF	REDO	QUI	ITAN		
SIGNATURE Signature system of precision of		IN THIS	SPACE			Collin	s Ave	, #a	707	
SIGNATURE Signature Signature vipcud or preset rampy inspected agent and size in application. (NOTE Responsed agent agent agrant	9. The shows w	a consideration of the second continuous and		City	liam	ii Bead	ch	FL	Zip Code 33/4/	
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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 on an attachment with an address, with all other like empowered.	 I hereby certificated on the corporation attachment w 	ify that the information supplied this report or supplemental rep- ation or the receiver or trustee with an address, with all other lik	with this filing does not qualify for to ort is true and accurate and that my empowered to execute this report is empowered.	he exemption state or signature shall have as required by Cha	d in Section re the same opter 607, F	n 119.07(3)(i), Flo e legal effect as il lorida Statutes; a	rida Statutes. I fu made under oat nd that my name	rther certify the h; that I am an e appears in B	at the information officer or director lock 11 or on an	