FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT # P95000080973 1. Entity Name				05-14-2002 90350 010 ***150.00	
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	Place of Business LAKE MARY BLVD	3. Mailing Address	VUNM :	7.	
Suite, Apt	. #, etc.	1899 LK MAR. Suite, Apt. #, etc.	KHAM	—	
SUITE		PRESERVE TRAIL		DO NOT WRITE IN THIS SPACE	
City & Sta LAKE M	ARY, FLORIDA		ORIDA :	4. FEI Number 59-3340875	Applied For Not Applicable
Zip 32746.	US Country		Country		8.75 Additional -
*	2.68 gt	a transfer of the second	W _{ii}	7. Name and Address of Current Registered Agent	
*			Name HENRY	DREIFUS	
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8 The above	a named entity submits this statemen	at for the purpose of changin	SANFOR	D FL registered agent, or both, in the State of Florida.	Zip Code 32771
o. The above	s named entity submits this statemen	ictor the purpose of changing	y its registered office o	registered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of regist	lored each and title if annihable	(MOTE: Parishand	A	
77-2		I i i i i i i i i i i i i i i i i i i i	May 1 Fee is \$150.00	Agent signature required when reinstating)	DATE
	pration is eligible to satisfy its intangil equirement and elects to do so.	After May	1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
(See criter	ria on back)		d UBR is \$61.25	Trust Fund Contribution.	Added to Fees
		Make Check Payab	ole to Department of S	State	_ Added to rees
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3. 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 proporation 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 or an attachment with an address, with all other like empowered.

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SIGNATURE: HENRY N DREIFUS
GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-02 407 585-2840

Date Daytime Phone #