2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0083354					ary of \$	State	
Principal Place 147 SAUSALIT BOYNTON BC US	TO DRIVE	Mailing Address 147 SAUSALITO DRIVE BOYNTON BCH FL 33436 US			-				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	El Number 65-0671599		Applied For Not Applicable		
Zip	Country _.	Zip	Country	/	5. (Certificate of Status Desired	□ \$8.75 Fee Red	Additional quired	
	6. Name and Address of Current F	egistered Agent			7. N	ame and Address of New R	legistered Agent		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				Street Address (P.O. Box Number is Not Acceptable) 197 SAYSALITO PRIVE City BOYNTON BEACH The Content of the					
SIGNATURE . 9. This corporate fling r	named entity submits this statement for Signature, typed or printed name of registered som an oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		Registered A	Agent signatur S \$150.0	e required when re 0 0.00 of State	10. Election Campaign Fir	DATE DATE DATE DATE DATE DATE DATE	55.00 May Be dded to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD KING, KENNETH H 147 SAUSALITO DRIVE BAYNTON BEACH FL 33436	DIRECTORS Delete	12. TITLE NAME STREET CITY-S	ADDRESS IT-ZIP		DITIONS/CHANGES TO OFF	፲ ፫ <u>1</u> Cha		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, DAVID M 147 SAUSALITO DRIVE BAYNTON BEACH FL 33436	□ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP		ON BEACH FL	Æ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, LOUISE M 147 SAUSALITO DRIVE BAYNTON BEACH FL 33436	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS		ON BUBLH, FL	_	inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERRY K KING 2106 NW 67TH PLACE #16 GAINESVILLE FL 32653	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		. ,	Cha	inge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Cha	inge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S	1			Cha		
indicated of the cor	certify that the information supplied with I on this report or supplemental report is rporation or the receiver of trustee empo , or on an attachment with an address, w	true and accurate and that m wered to execute this report a	v signatu	re shall ha	ve the same.	legal ettect as it made under	oath: that I am an o	micer or director 1	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR