


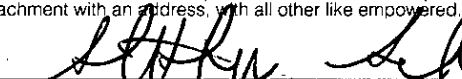
FILED

Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90059 035 ***150.00

BOOK 16

DO NOT WRITE IN THIS SPACE

DOCUMENT # 7920 La Mirada Dr 1. Entity Name P95000092912 Boca Raton FL H - Mark & Col 33433		Mar 13, 2000 8:00 am Secretary of State 03-13-2000 90059 035 ***150.00	
Principal Place of Business 7920 La Mirada Drive Boca Raton FL 33433		Mailing Address	
2. Principal Place of Business 7920 La Mirada		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton		City & State	
Zip 33433		Country	
4. FEI Number 65-0624332		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Stephen Schwartz	
		Street Address (P.O. Box Number is Not Acceptable) 7920 La Mirada Dr.	
		City Boca Raton	
		FL Zip Code 33433	
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.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.		DATE 3/3/00	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRES Stephen Schwartz 7920 La Mirada Dr Boca Raton		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/3/2000 Daytime Phone # 561 391-XXXX	

CR2E034 (9/99)