DOCUMENT # P96000025536						FILED Apr 30, 2001 08:00 AM				
1. Entity Name		023330				Secretary			•	
Principal Place 2225 IDLEWILI BAY #2	D ROAD	Mailing Address							-	
WEST PALM B 33410	BEACH FL	LOXAHATCHEE 33470		FL						
2. Principal Pi	face of Business D ROAD	3. Mailing Address 2225 IDLEWILD ROAD							-	
Suite, Apt. BAY 2 & 3		Suite, Apt. #, etc. BAY 2 & 3				DO NOT V	VRITE IN THIS	SPACE		_
City & State PALM BEACH GARDENS FL		City & State PALM BEACH GARDENS	FL	4. FEI Number 59-3367127				applied For Not Applicable		
Zip 33410	Country us	Zip 33410	Coun us	try	5.	Certificate of Status Desire	ed 📉	\$8.75 Ac		
	6. Name and Address of Current	Registered Agent			7.	Name and Address of Ne	w Registered		<u> </u>	1
BRUNN FREDERICK V 17217 66 COURT NORTH					FRE	DERICK VPRESIDE Box Number is Not Accepte				
LOXAHATO		L								1
33470 US				City LOXAH			FL	Zip Co	de	_
SIGNATURE _	REDERICK V. BRU	NN and title if applicable. (NOTE:	Registere	d Agent signatu	re required when			0/2001		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 200 Make Check Payable	1 Fee	will be \$5	50.00	10. Election Campaigr Trust Fund Contrib	~ .	\$5. □ Adde	00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.			DDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNN FREDERICK V 17217 66 COURT NORTH LOXAHATCHEE	☐ Delete		E ET ADDRESS	P BRUNN 17217 66 C LOXAHAT	FREDERICK V	FL	X Change 33470	☐ Addition	034 (11/00
TITLE	D		1-	- ST-ZIP	V.P.	TCHEE	FL .		<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP	BRUNN GAIL D 17217 66 COURT NORTH LOXAHATCHEE	☐ Delete , FL 33470			BRUNN	GAIL D COURT NORTH ICHEE	FL		☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			_			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1					☐ Change	Addition	
of the corp	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, viune: GAIL D. BRUNN	true and accurate and that my wered to execute this report as	/ ระกาวเ	ilire shall ha	ave the same pter 607, Flo	a legal effect se if made und	iar anth, that I	am an office	e or director	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR