1. Entity Nam	ne	# P960 CTORY, INC.	OOUE	97	93				Secreta 03-23-2000	ary (of Sta	ate	1
Principal Plac	e of Busines	<u> </u>		Mailin	g Address			\dashv					
21346 ST ANDREWS BLVD STE 209 BOCA RATON FL 33433				21346 ST ANDREWS BLVD STE 209 BOCA RATON FL 33433-2432					C0C43S31				
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	SPACE		
City & State				City & State				4.	FEI Number 65-068917	77		pplied For lot Applicable	
Zip Country				Zip	Country			5. (Certificate of Status Desired	X	\$8.75 Ac		
	6. Name	and Address of (urrent Reg	istere	d Agent			- 7. 1	Name and Address of New	Registered			
				_			Name	_					
MAHONEY, P J 5455 N. FEDERAL HWY., STE L BOCA RATON FL 33487							Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
вос	A HATUN I	-L 3348/		!	<u> </u>		City			F	Zip Cod	de	1
8 The above	named entit	v submits this state	ment for the	- AUITO	t ise of changing it	s registere	ed office or rea	istered an	ent, or both, in the State of F				\dashv
SIGNATURE .		or printed name of registe	ley			·	1 Agent signature rec			_	21-OZ	<u>></u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta					10. Election Campaign F Trust Fund Contributi	_		00 May Be ad to Fees	
11,		OFFICE	RS AND DIR	ECTO	RS	12.		AD	DITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	RS IN 11	1_
TITLE	PSTD		-		Delete	TITLE					Change	Addition	966/6
NAME WATERS, ABBY STREET ADDRESS 21346 ST ANDREWS BLVD STE 2 BOCA RATON FL 33433				09 .			ET ADDRESS -ST-ZIP						CR2E034 (9/99)
TITLE					Delete	TITLE	,			_	Change	Addition	75
NAME STREET ADDRESS CITY-ST-ZIP							ET ADDRESS ST-ZIP						
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		i				Change	☐ Addition	
13. I hereby of indicated of the cor	on this repor poration or th	rt or supplemental.	report is trui se empowei	e and a red to a	accurate and that execute this repor	or the exer my signat t as requir	nption stated in ure shall have	the same I	119.07(3)(i), Florida Statutes legal effect as if made under da Statutes; and that my nan	oath: that I	am an office	r or director	-

2000 UNIFORM BUSINESS REPORT (UBR)

ABBY WATERS

MARCH 21, 2000