

Place of Business Mailing Address  
FEDERAL HIGHWAY 2781 NORTH FEDERAL HIGHWAY  
FL 33306 FORT LAUDERDALE FL 33306-1423

Place of Business 3. Mailing Address  
Apt. #, etc. Suite, Apt. #, etc.  
State City & State



DO NOT WRITE IN THIS SPACE

Country Zip Country 4. FEI Number 65-0690766 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
EVAN R ESQ  
EAST FLAGLER STREET  
CONDO 104  
FL 33131  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

Noted entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

| OFFICERS AND DIRECTORS                                                                                         |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Delete<br>D<br>CAIN, PETER<br>2781 NORTH FEDERAL HIGHWAY<br>FORT LAUDERDALE FL 33306  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete<br>D<br>CAIN, JUDITH<br>2781 NORTH FEDERAL HIGHWAY<br>FORT LAUDERDALE FL 33306 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete                                                                                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

I 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 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CAIN - DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1-27-00 Daytime Phone # (954) 568-9450

CR2E034 (9/99)