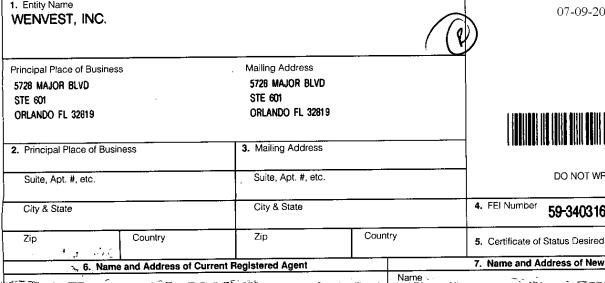
2002 UNIFORM BUSINESS REPORT (UBR)

P96000081509 DOCUMENT # 1. Entity Name



07-09-2002 90019 037 ***550.00





DO NOT WRITE IN THIS SPACE

DATE

59-3403164

7. Name and Address of New Registered Agent		
The state of the s		
et Address (P.O. Box Number is Not Acceptable)		
FL Zip Code		

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. the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: 11 (See criteria on back)

ORLANDO FL 32819

SIGNATURE

FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Not Applicable

11. :	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC::\(\text{VBO}\) \(\text{CSB1}\) \(KHATIB; RASHIDAN \(\text{PASHIDAN \(\text{PASHID	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHOURI, ZAHI W 5728 MAJOR BLVD STE 601 ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOOD, M. CAR SON 5728 MAJOR BLVD STE 601 ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNICK, FRANK 5728 MAJOR BLVD STE 601 ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HODGE, RANDALL 5728 MAJOR BLVD STE 601 ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	T COUTY, MICHAEL 5728 MAJOR BLVD STE 601	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

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.

CITY-ST-ZIP

CITY-ST-ZIP