Suite, Apt. #, etc.   Suite, Apt. #, etc.<	COF ANNL	PROFIT RPORATION JAL REPORT <b>1999</b>		FLORIDA DEPARTM FLORIDA DEPARTM Katherine Secretary of DIVISION OF COR		OF STATE ris	FILED Apr 30, 1999 8:00 ar Secretary of State 04-30-1999 90016 023 ***158.75			te	
US   Denotive Martie Built Hist Space     2. Principal Place of Business   2a. Maing Address   4. EEI Number   Inde Address     3. State, A.P., #rc.   2a. Maing Address   4. EEI Number   Inde Address     State, A.P., #rc.   3. State, A.P., #rc.   5. Certificatio of Status Desired   State, A.P., #rc.     State, A.P., #rc.   State, A.P., #rc.   State, A.P., #rc.   5. Certificatio of Status Desired   State, A.P., #rc.     State, A.P., #rc., #rc.   State, A.P., #rc., #rc., #rc. <th>CERAMI Principal Place</th> <th>e of Business</th> <th>RIDA, INC.</th> <th>ling Address</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	CERAMI Principal Place	e of Business	RIDA, INC.	ling Address							
2. Principal Place of Biguness   2a, Maing Address   3SCO V HS <sup>-1</sup> Struce   4. Fell Number   Applied Tes     3SCO V HS <sup>-1</sup> Specet   2a   Subar, Apt. #, etc.   3SCO V HS <sup>-1</sup> Struce   650701117   Not Applied     Subar, Apt. #, etc.   Subar, Apt. #, etc.   Subar, Apt. #, etc.   Score Hail Number   65070117   Not Applied     Subar, Apt. #, etc.   City & State   1   City & State   1   Score Hail Number     Subar, Apt. #, etc.   City & State   1   Score Hail Number   Score Hail Number   Applied Tes     Subar, Apt. #, etc.   City & State   1   Score Hail Number   Not Hail Number   Score Hail Number   Score Hail Numbe		FL 35407	W P	W PALM BCH FL 33407			3. Date Incorporated or Qualifed				
2   Sume + 11   27   Sume + 11   6. Certificate of Status Desired K   Fee Required     City & State   City & State   City & State   Election Campaign Financing   35.00 May be the current was runnable     Zip   Country   Zip   Country   Zip   Country   8. This corporation oves the current was runnable     20   3.34 0-7   Zip   Country   2   3.34 0-7   Sig   Name and Address of Current Registered Agent     4. ANLON, M. TMOTHY   3. Name and Address of Current Registered Agent   10. Name and Address of Now Registered Agent   10. Name and Address of Now Registered Agent     HANLON, M. TMOTHY   321 ROYAL POINCIANA PLAZA   8. This corporation over the current registere   Registered Agent     Y21 ROYAL POINCIANA PLAZA   8. This corporation of Sections 807 0562 and 607 1458, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registere agent. Lam familiar with, and accept the obligations of. Section 607 0562 and 607 1588, Florids Statutes.   13. Name     SIGNATURE   Definition of Sections 807 0562 and 607 1588, Florids Statutes.   14. City   FL   85 Zip Code     11. Iam familiar with, and accept the obligations of. Section 607 0562 and 607 1588, Florids Statutes.   15. ADDITIONS/CHANGES TO OEF/CERS AND DIFECTORS IN1     12. Mare </td <td></td> <td>lace of Business W 45th STREET</td> <td>· ·</td> <td>Mailing Address 3500 W</td> <td>45th 5</td> <td>Theet</td> <td>4. FEI Number</td> <td><u> </u></td> <td></td> <td></td> <td>plied For t Applicable</td>		lace of Business W 45th STREET	· ·	Mailing Address 3500 W	45th 5	Theet	4. FEI Number	<u> </u>			plied For t Applicable
City & State   Country   20   Weat Parm Bench FL   20   Weat Parm Bench FL   8. Election Campaign Financing   Added to Fees     20   24 07 FL   20   Weat Parm Bench FL   21   Country   8. This corporation oves the current year intangible   Added to Fees     9. Name and Address of Current Registered Agent   10. Name and Address of Over Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     9. Name and Address of Over Parm Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     9. Name and Address of Over Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     9. Name and Address of Over Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     9. The provision of Section 607 0502 and 607 1568. Florids Statules.   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent     10. Name and Address of Section 607 0502 and 607 1568. Florids Statules.   10. Name and Address Over Registered Agent   10. Name and Address Over Registered Agent     11. Address Med agent and text formation   10. Norther Med Address Over Registered Agent   10. Name and Address Florids     12. OPFICERS AND DIRECTO	2	Suite # 11					5 Certificate of Status Desired \$8.75 Additional				
33407 23 USA 23 38407 30 USA Personal Property Tax 20 20 20   8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent   HANLON, M. TIMOTHY S21 ROYAL CONCLANA PLAZA 11. Name 12. Name and Address of New Registered Agent   HAND DIVEL CONCLANA PLAZA 12. Name and Address of New Registered Agent 13. Name   HAND DIVEL CONCLANA PLAZA 13 14 14   PALM BEACH FL 33480 13 14 14   10. Name and Address of New Concept the optimizer and the State of Port State State new to the provisions of Sections 607.0502 and 607.1500. Florida State state new to the provision state of Port State State new to the concept the optimizer and state state new to the provision state of Port State State new to the concept the optimizer and state state new to the provision state of the optimizer and state state new to the provision state of the optimizer and state state new to the provision state of the optimizer and state state new to the provision state of the optimizer and state state new to the provision state of the optimizer and state state new to the provision of Sectors 607.0505. Florida State state state new to the provision state	City & Stat	t Paun Beach	-1 28	West Paum			Trust Fund Con	tribution		Added t	
HANLON, M. TIMOTHY 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 81 Name   12 Street Address (P.O. Box Number is Not Acceptable)   13 Partmant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both; in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both; in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I an induitor with, and except the objections of .2605, Florida Statutes agent. I an induitor with, and except the objections of .2605 florida Statutes (POTE Registered Rgent agent and the appointment as registered agent. I an induitor with, and except the objections of .2605, Florida Statutes (POTE Registered Rgent agent and the appointment as registered agent. I an induitor with, and except the objections of .2605, Florida Statutes (POTE Registered Rgent agent and the appointment as registered agent. I an induitor with, and except the objections of .2605, Florida Statutes (POTE Registered Rgent agent and the appointment as registered agent. I an induitor with, and except the objections of .2605, Florida Statutes (POTE Registered Rgent agent and the appointment as registered (POTE Registered Rgent agent ag	- ·	0 <sup>+</sup> 25 U	A 29	38407		USA	Personal Prope	ty Tax.		Yes	□No
2.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1     LE   D   DELETE   11 TITLE   MC     ME   CHAMI, GLEN   13.STREET ADDRESS   3500 W 45TH ST 16   MC   MC     V.ST.2IP   W PALM BCH FL    DELETE   21 TITLE    SECO W 45TH ST 16       W.F.ST.2IP   W PALM BCH FL    DELETE   21 TITLE	t. Pursuant office or n agent. I a	to the provisions of Secti egistered agent, or both; m familiar with, and acce	ons 607 0502 and 60 in the State of Florida pt the obligations of, 5	. Such change was Section 607.0505, F	s authorized Florida Stat	bove-named cor by the corporat utes.	ion's board of directors.	tement for the I hereby accep	purpose of ot the appo	changing its	registered
ME   CHAMI, GLEN   12 MAVE     S500 W 45TH ST 16   13 STREET ADDRESS   SECO W 45 <sup>th</sup> Streer Suffer 4 II     MF   13 STREET ADDRESS   NENT Paum Benc.H 7L 33 Ljoft     LE   DELETE   21 MLE     ME   22 NAME   23 STREET ADDRESS     ME   24 GTV-ST-ZP   NENT Paum Benc.H 7L 33 Ljoft     V.ST-ZP   24 GTV-ST-ZP   Change     ME   3 STREET ADDRESS   Change     V.ST-ZP   24 GTV-ST-ZP   Change     NE   3 STREET ADDRESS   Change     V.ST-ZP   31 STREET ADDRESS   Change     V.ST-ZP   32 STREET ADDRESS   Change     Y.ST-ZP   33 STREET ADDRESS   Change     Y.ST-ZP   34 GTV-ST-ZP   Change     V.ST-ZP   34 GTV-ST-ZP   Change     V.ST-ZP   34 GTV-ST-ZP   Change     V.ST-ZP   34 GTV-ST-ZP   Change     ME   10 DELETE   11 TTLE     LE   10 DELETE   51 TTLE     ME   23 STREET ADDRESS   Change     Y-ST-ZP   44 GTV-ST-ZP     LE   10 DELETE <t< th=""><th>2.</th><th></th><th></th><th></th><th></th><th>Adeut signature reduir</th><th></th><th>NGES TO OF</th><th></th><th></th><th>RS IN 12</th></t<>	2.					Adeut signature reduir		NGES TO OF			RS IN 12
IV ST.2P   IV PACIN DCHTPL   I deliv-si-2P   IV cs i find i center i	ME	Chami, glen 3500 W 45TH ST 16		DELETE	1.2 N	WE		Ð		E #11	Addition
ME   22 NAME     REET ADDRESS   23 STREET ADDRESS     Y. ST-ZIP   24 CITY-ST-ZIP     LE   DELETE     ME   ?     32 NAME   33 STREET ADDRESS     Yr, ST-ZIP   34 CITY-ST-ZIP     LE   DELETE     ME   ?     32 NAME   33 STREET ADDRESS     Yr, ST-ZIP   34 CITY-ST-ZIP     LE   DELETE     ME   ?     REET ADDRESS   33 STREET ADDRESS     Yr, ST-ZIP   34 CITY-ST-ZIP     LE   DELETE     ME   4.2 NAME     REET ADDRESS   4.3 STREET ADDRESS     Yr, ST-ZIP   4.4 CITY-ST-ZIP     LE   DELETE     ME   5.1 TITLE     ME   S.2 NAME     S.2 NAME   S.3 STREET ADDRESS     Yr, ST-ZIP   4.4 CITY-ST-ZIP     LE   DELETE   5.1 TITLE     ME   S.3 STREET ADDRESS   S.3 STREET ADDRESS     Yr, ST-ZIP   S.4 CITY-ST-ZIP     LE   DELETE   S.1 TITLE     S.2 NAME   S.3 STREET ADDRESS <td></td> <td>W PALM BCH FL</td> <td>_<u></u></td> <td></td> <td>~~~</td> <td></td> <td>NEAT Paum</td> <td>Dench</td> <td>-TL</td> <td><u>'</u></td> <td></td>		W PALM BCH FL	_ <u></u>		~~~		NEAT Paum	Dench	-TL	<u>'</u>	
Y.ST-ZIP   2.4 CITY-ST-ZIP     LE   DELETE   3.1 TITLE   Change   Adv     WE   1   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS     Y-ST-ZIP   3.4 CITY-ST-ZIP	ME	· ·			2.2 N	WE	-			Change	Addition
LE   DELETE   3.1 TTLE   Change   Ad     ME   ?   3.2 NAME   3.3 STREET ADDRESS		herein <sup></sup> en		-			- • •		~ ~	•	-
Y. ST-ZIP   34. CITY-ST-ZIP     E   DELETE   4.1 TITLE   Change   Add     AE   4.2 NAME   4.3 STREET ADDRESS   4.3 STREET ADDRESS   Change   Add     V-ST-ZIP   4.4 CITY-ST-ZIP   Change   Add   Add   Add   Add     E   DELETE   5.1 TITLE   Change   Add   A	Æ		··		3.1 77	r.e				Change	Additio
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REET ADDRESS 5.3 STREET ADDRESS   Y-ST-ZIP 5.4 CITY-ST-ZIP   LE DELETE 6.1 TITLE	LE	· · · · · · · · · · · · · · · · · · ·			5.1 T		<u> </u>			Change	Addition
LE DELETE 6.1 TITLE Change Add	REET ADDRESS	· ·			5.3 ST	REET ADDRESS	·				
6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		·····			6.1 TT	LE	<u> </u>			Change	Addition

SIGNATURE:	SIGNATURE AND TYPED OF SIGNING OFFICER OF DIRECTOR
	SIGNATURE AND TYPED OR CHATTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99 56/68/68/68/0 Date Date Daytime Phone #