2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUI 1. Entity Name | MENT | # P97000 | | filēb | | | | | | | | |
|--|--|---|--|--|---|---|---|--|---------------------------------------|---|---|--|
| AMERICA | | SA, INC. | | 00 MAR 20 AM 8: 26 | | | | | | | | |
| Principal Place 105 PARK AVE VINTER PARK F | NUE NORTH | S | Mailing Address P.O. BOX 4961 ORLANDO FL 32802-4961 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| 2. Principal Pl | Pace of Busin | ess | 3. Mailing Address | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE | E IN THIS : | SPACE | | |
| City & State | e | | City & State | | | _ | 4. FEI Number | 59-3427605 | | 1 -1- | pplied For ot Applicable | |
| Zip | Country | | Zip | Zip Count | | 5. Certificate of Status Desire | | | \$8.75 Additional Fee Required | | | |
| | 6. Name | and Address of Curren | t Registered Agent | egistered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 | | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| ORLA | ANDO FL 3 | 2801 | | | | | City FL Zip Code | | | | | |
| Signature _ | Signature, typed | or printed name of registered agei | | TE: Registere | d Agent signate | ura required v | ed agent, or both, | in the State of Flor | rida. DATE | | | |
| Tax filing re | _ | ible to satisfy its Intangib and elects to do so. | After MAY 1, 2 Make Check Paya | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta | | | e Trust | ion Campaign Fina Fund Contribution | ı. | Adde | May Be d to Fees | |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2105 PAF | OFFICERS AN N, TONY B RK AVENUE NORTH PARK FL 32789 | D DIRECTORS (Telete | | | 210 0 | NA D. P | HANGES TO ÖFFI EPPER IENUE NOT E, FL 31 | ·H | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PEPPER, 2105 PAF | DONNA D RK AVENUE NORTH PARK FL 32789 | X Delete | | | DVI | o 5 | NSON AJENUE RK, FL 3 | | Change H | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Celete | - 1 | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | ☐ Delete | | | | 701 | 00031 -03/30/0 ****158 | 89 3 1001 1.75 | ☐ Change 3 5 7 — 01001 ****158 | □ Addition (4 15 3.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Delete | | | | | Λ. | 1 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | CITY | ME EET ADORESS /-ST-ZIP | | | | MV | Change | ☐ Addition | |
| 13. I hereby of indicated of the corchanged | certify that the don this reportion or the certification or the certification or the certification on an attention or the certification or the certification or the certification or the certification of the certification | e information supplied w rt or supplemental report he receiver or trustee em achment with an address | ith this filing does not qualify f is true and accurate and that powered to execute this report with all other like empowered TA | or the exe my signa rt as requi | emption sta sture shall h ired by Cha | ted in Sec lave the s apter 607, | | Florida Statutes 1 as if made under c and that my name | further ce path; that I appears | , | information or or director or Block 12 if | |

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIMESTRE

2-29-2000 407 599-9998