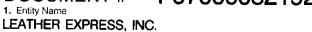
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000032192 **DOCUMENT #**





FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90106 024 ***150.00

2851 WEST	MCNAB ROAD BEACH FL 3306	\		Mailing Address 2851 WEST MCNAB ROAD POMPANO BEACH FL 33069				
2. Principal	Place of Busin	ness	3. Mailing Address	· -				
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate	· · · · · · · · · · · · · · · · · · ·	City & State	-		4. FEI Number 65-0762872 Applied Fo		
Zip		Country	Zip			5. Certificate of Status Desired S8.75 Additional Fee Required	able	
	6. Name	and Address of Curr	ent Registered Agent	egistered Agent		7. Name and Address of New Registered Agent		
4.			····		Name	3.00	\dashv	
Larue, F	RODNEY					•		
1201 US HWY #1 #225					Street Address (1	P.O. Box Number is Not Acceptable)		
NORTH PALM BEACH FL 33408					City	Zip Code		
8. The above the obliga	e named entity	y submits this statemer ered agent.	nt for the purpose of changing its	s registered	d office or registere	red agent, or both, in the State of Florida. I am familiar with, and acce	∍pt	
SIGNATURE		or printed name of registered a	part and title if applicable (AKCI)	F. Daniera	Agent signature required	when reinstating) DATE		
Afte	r May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.0 Florida Departmen	•			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees		
	DPS	OFFICENS AI		11.	 ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	LARUE, RODNEY		TITLE		☐ Change ☐ Addil	tion		
STREET ADDRESS CITY-ST-ZIP	5050 WES	T ATLANTIC AVENU EACH FL 33484	E	NAME STREET CITY-ST	ADDRESS T-ZIP			
TITLE	DPT		□ Delete	TITLE		Change Catali		
NAME	MAYNARD, TIMOTHY		□ Delete	NAME		☐ Change ☐ Addit	Jon	
STREET ADDRESS	5850 W ATLANTIC			- I	ADDRESS		}	
CITY-ST-ZIP	DELRAY B	EACH FL 33454		CITY-ST	T-ZIP		- {	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addit	tion	
NAME				NAME		_ Change _ radio		
STREET ADDRESS	i			STREET	ADDRESS			
CITY-ST-ZIP		n=-		CITY-ST	r-ZIP			
TITLE			Delete	TITLE		Change Additi	ion	
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		_ -		CITY-ST	- ZIP			
TITLE			☐ Delete	TITLE		☐ Change ☐ Additi	ion	
NAME STREET ADDRESS				NAME				
CITY-ST-ZIP				STREET A				
TITLE			П	→ · · · · · · · · · · · · · · · · · · ·	- 211		_	
NAME			☐ Delete	TITLE Name		☐ Change ☐ Addition	on	
STREET ADDRESS				STREET A	ADDRESS			
CITY-ST-ZIP	į		وس	-CITY-ST			}>	
12. Thereby c	ertify that the	information supplied w	rith this filing does not qualify for	no overne	tiones of a dia Con	No. 110 07/0V/) Flacida Otta	\dashv	
indicated of the corr	on this report poration or the	or supplemental repor	t is true and accordance and their	ny signatura ae required	shall have the sale by Chapter 607,	tion 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 i	r if	

SIGNATURE:

SISPATURE RECUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-0

Daytime Phone #