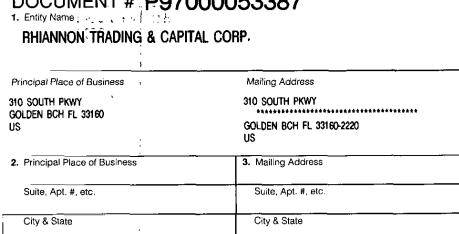
2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 31, 2000 8:00 am Secretary of State

05-31-2000 90022 048 ***150.00





2. Principal Place of Business		3. Mailing Address		E LOCKILARI 1412 INTIK 10011 OGIIK SENIK BENIK BENIK BINEN 11160 11166 11160 11161 11011 11011 11011	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	e ,	City & State	<u> </u>	4. FEI Number 65-0771906 Applied For Not Applicable	
Zip	Country	Zìp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
	OLI, JOSEPH F		Name Street Addres	s (P.O. Box Number is Not Acceptable)	
	S. PARKWAY : DON BEACH FL 33160				
			City	FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	FE: Registered Agent signature requ	red when reinstating) DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 2	'!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of S	itate Added to Pees	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PCEO NATOLI, JOSEPH F 310 SOUTH PARKWAY GOLDON BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition Change 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #