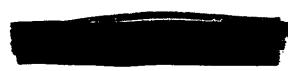
RM BUSINESS REI	- ~ \
P97000081517	NC (AM)
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COLE, WHITE & BILLBROUGH, P.A.

COLE, SCOTT & KISSANG, P.A.							
Principal Place of Bu	usiness	Mailing Address					
1390 BRICKELL AVE 3RD FLOOR MIAMI FL 33131 US		1390 BRICKELL AVE 3RD FLOOR MIAMI FL 33131 US					
2. Principal Place of	Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				



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2. Principal Pla	incipal Place of Business 3. Mailing Address							<u> </u>			
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State)		City & State		4. 1	FEI Nu	^{mber} 65-0792149			Applied For	
Zip		Country	Zip Country		5. (Certific	ate of Status Desired		\$8.75 A	Additional	
	6. Name	and Address of Current Re	egistered Agent			7. 1	Vame a	ind Address of New R	egistered .	Agent	
FELUREN, MARK S 100 SE 3RD AVE., STE. 1500 FT. LAUDERDALE FL 33394 Name RICHARD P. COLIS Street Address (P.O. Box Number is Not Acceptable) 13 9 0 BRICKELL AUFNUE 370 FLOOR					ode						
8 The above r	named entity	submits this statement for t	he nurnose of changing its	ranietara			ont or	both in the State of Ele	urida		3131
SIGNATURE	Signature, typed	or printed name of registered agent and	- RICHE	RD : Registere	P. Co	ure required when re	٠,,	•		29.0	<u>, </u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 F Make Check Payable to		2 Fee	will be \$5	50.00	10.	Election Campaign Fin Trust Fund Contribution	_		.00 May Be led to Fees		
11.		OFFICERS AND DI	RECTORS	12.		AD	OITIO	NS/CHANGES TO OFF	CERS AND		
NAME STREET ADDRESS	1 FINANCI	GH, G. BART AL PLAZA, STE. 1500 RDALE FL 33394	☐ Delete		-	1390	B	E. SCOT RICKELL AL FL 331	Æ NUT	Change 3 3	
NAME STREET ADDRESS	d Cole, Ric 1390 Bric Miami Fl (KELL AVENUE	□ Delete							☐ Change	e 🔲 Addition
NAME STREET ADDRESS		J G TIEW AVENUE, SUITE 21 M BEACH FL 33401	☐ Delete			EUGE 1390 MIAM	NE B	P. KISS RICKELL R FLORIDA	ANG WGNI	Ø Change 4€, 3	ad Floor
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				,			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	: Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP					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.

SIGNATURE: X	PORICHARD P. COLE	
,,	SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICED OF DIRECTOR	ſ

U · 29 · 02 (305) 350 - 5305

Date Daytime Phone #