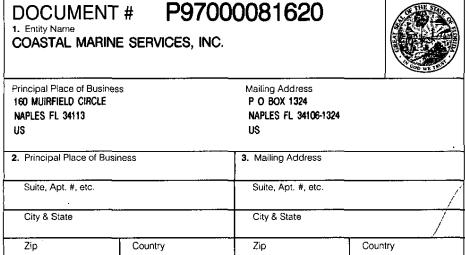
04-03-2003 90141 037 ***150.00

| 2003 | FOR | PROFIT | CORPORA | ATION |
|-------|------------|---------------|----------|-------|
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| | CHECK HERE IF MAKING CH | ANG | SES | |
|----|------------------------------|-----|----------------|--|
| 4. | FEI Number 65-0786850 | T | Applied For | |
| | 03-07-00000 | | Not Applicable | |
| 5. | | | Additional | |

| Zip | Country | Zip | Country | 5. Certificate of Status Desired Fee Required | | |
|---|---|----------------------------|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | · | 7. Name and Address of New Registered Agent | | | |
| EDANK ANN | T | | Name | , | | |
| FRANK, ANN T 2124 AIRPORT ROAD SOUTH, STE. 102 | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| "NAPLES FL | 34112 | | | | | |
| | | | City | FL Zip Code | | |
| | ned entity submits this statement for sof registered agent. | or the purpose of changing | ts registered office or registe | tered agent, or both, in the State of Florida. I am familiar with, a | nd accept | |
| SIGNATURE | nature, typed or printed name of registered agent | and title if applicable (N | OTF: Registered Agent signature requir | (ed when reinstating) | | |

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLE Delete TITLE

| STREET ADDRESS CITY-ST-ZIP | 160 MUIRFIELD CIRCLE NAPLES FL 34113 | | NAME STREET ADDRESS CITY-ST-ZIP | | - |
|---------------------------------------|---|----------|--|-----------|------------|
| 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 | 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 | (174.) | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AMELA K SOUERS 4-1-03 189-731-9700