. 4	PLiCATIO	N	FLORIDA	A DEPARA Kathe In-	ME OF STATE H US REPORTIONS	}	FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS	
1. Corpor	UMENT # ation Name ATIONS, IN		0999	15			01 OCT 24 PM 6: 27	
21000 BOC BOCA RATI	A RIO RD SUITE 1 ON FL 33433		BOCA RATOR	rio RD., suite n Fl 33433				
Suite, Apt. #, etc. Suite,				Malling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/21/1997 5. FEI Number Applied For Not Applicable		
Zip Country		<u> </u>		ountry	6. CERTIFICATE	\$8.75 Additional Fee	S8.75 Additional Fee required	
7. Names	and Street Address	ses of Each Officer and/o	or Director (Flo	orida nonprofit co	prporations must list at lea	st 3 directors)		
Title(s)	2	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			Ì
D	ROSENBAUM, BARBARA			21000 BOCA RIO RD. SUITE 10			BOCA RATON FL 33433	
						90	10004678819 -11/14/0101066001 ****150.00 ****150.	- 7°
	8. Name an	d Address of Current F	egistered Ag	enten		9. Name and A	Address of New Registered Agent	
ROSENBAUM, BARBARA 21000 BOCA RIO RD., SUITE 10 BOCA RATON FL 33433					Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
10. I, bein		istered agent of the above	named corp	oration, am fami	iar with and accept the ob	oligations of Section	State Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code Zip C	

and my signature shall have the same legal effect as if made under oath.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

10/19/01 4778668 Date Daytime Phone #



21000 Boca Rio Road, Suite 10 Boca Raton, Florida 33433 Phone (561) 477-8668 • Fax (561) 477-5011

Re SALUTATIONS			5-080039	
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