2000 UNIFORM BUSINESS REPORT (UBR)

690 S STATE RD 7

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

12.

TITLE

NAME

NAME

TITLE . NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

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City

MARGATE FL 33068-1734

DOCUMENT # P9800001805 FORMAL #1 OF CORAL SPRINGS, INC. Principal Place of Business Mailing Address

263 UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

TITLE

NAME

TITLE

NAME

NAME

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

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CORAL SPRINGS FL 33071

2. Principal Place of Business

NILSSON, JAMES

690 S. STATE ROAD 7 MARGATE FL 33068

9. This corporation is eligible to satisfy its Intangible

NILSSON, JAMES

690 S STATE RD 7

MARGATE FL 33068

Tax filing requirement and elects to do so,

(See criteria on back)

Country

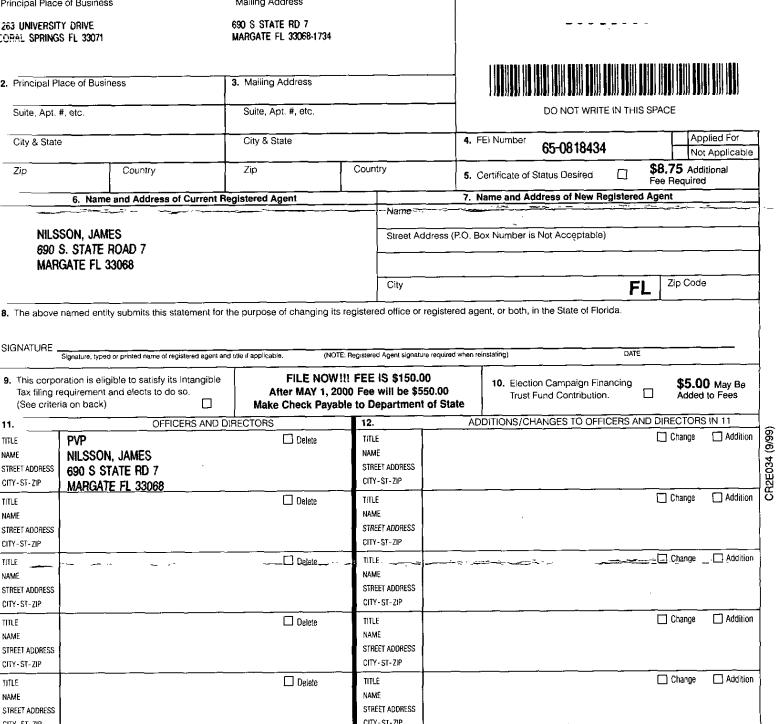
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

FILED May 05, 2000 8:00 am Secretary of State

05-05-2000 90064 029 ***150.00



CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Change

Addition