## FOR PROFIT CORPORATION

## FILED May 16 2002 8:00 ar

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DO NOT WRITE IN THIS SPACE  2. Principal Piece of Business 2. 27 3 3 5 8 7  3. Mailing Address Bo x 5632  3. Suite, Act #, 400. 4. FEI Vimber	DOCUMENT # P98000010374			Secretary of State 05-16-2002 90061 001 ***150.00
2. Principal Prace of Business 2023 3 SR 7 Sub. Apr. 4, etc.  2. Suite. At 4 cc.  3. Suite. At 4 cc.  4. Sec.  5. Suite. At 5 cc.  4. Sec.  5. Suite. At 6 cc.  5. Suite. At 6 cc.  6. Suite. At 7 cm.  5. Certificate of Status Desired  5. Suite. At 7 cm.  7. Name Additional Address of Current Registered Agent  Name  Na	B C 71	UVENTORIE	5 INC	•
Subse Act # 60 Do NOT WRITE   Subse Act # 60 Do NOT WRITE NTHIS SPACE   Subse Act # 60 Do NOT WRITE NTHIS SPACE   Country   Subserved   Su	DO NOT WRIT	E IN THIS SP	ACE	
City & State BOCA HATON DEER FIELD DEALH A, FEI Minter BOCA Status Desired New Applicable For Topical Fig. Name Applicable For Topicable For T		293 3R7 PO Dox 5032		··· <del>··</del>
DO NOT WRITE IN THIS SPACE  8. The above named entity submit/90s statement for the purpose of changing its registered define or registered agent, or both, in the State of Florida.  Signate, System Auditorian for the purpose of changing its registered define or registered agent, or both, in the State of Florida.  Signate, System Auditorian for the purpose of changing its registered define or registered agent, or both, in the State of Florida.  Signate, System Auditorian for the purpose of changing its registered define or registered agent, or both, in the State of Florida.  Signate, System Auditorian for the purpose of changing its registered define or registered agent, or both, in the State of Florida.  Signate, System Auditorian for the purpose of changing its registered define or registered agent, or both, in the State of Florida.  Signate, System Auditorian for the State of Florida.  Signate, System Auditorian for the State of Florida.  Signate, System Auditorian for the State of Florida.  Signate Auditorian for the	City & State		0	·
DO NOT WRITE IN THIS SPACE    Name		DEERFIEL	<del></del>	5. Certificate of Status Desired Sta
DO NOT WRITE IN THIS SPACE  Street Addresses (P.O. Box Number of Not Acceptable)  Street Addresses (P.O. Box Number of	23478	334421		Fee Required
SIGNATURE  Signature, hyead or preset make or inspirence agent had the illapsicable.  1. In this corporation is eligible to satisfy its intangible. Task filing requirement and elects to do so.  1. April 1. Apri			, j	57C-
SIGNATURE  Synature, Synature, Synature, Synature or private name of registered agent and take ill applicable.  (NOTE: Registered Apent agreement increasing)  DATE  5. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  After May 1, Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$150.00 After May 1, Fee is \$10.00 After May 1, Fee is			City	70.0.4.
System, typed or prised name of legitation agent hand to legitations. (INCTE: Regitation Agent signature regivate mon remotation)  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  After May 1, Fee is \$150.00  After May 1, Fee is \$550.00  After May 1, F		t for the purpose of changing its re	_	,
After May 1, Fee Is \$550.00  Tax filing requirement and elects to do so.  Amended URR is \$61.25  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  TiffLE  MAME  STREET ADDRESS  DITY-ST-2PP	Signature, typed or printed name of registered as	ent and title il applicable. (NOTE: R	egistered Agent signature requi	ired when reinstating) DATE
TITLE NAME  NAME  RAME	Tax filing requirement and elects to do so. (See criteria on back)	After May 1, Amended t Make Check Payable	Fee is \$550.00 JBR is \$61.25	Trust Fund Contribution. Added to Fees
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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 on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #