

FILED
Apr 20, 2005 8:00 am
Secretary of State

DOCUMENT # P98000023960

Mailing Address
321 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04052005 Chq-P CR2E034 (10/03)

4. FEI Number
65-1013842

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTZER, TED
321 E HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STREET, BRIAN	
STREET ADDRESS	321 E HILLSBORO BLVD	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441	

TITLE	VP	<input type="checkbox"/> Delete
NAME	COHEN, JAMES	
STREET ADDRESS	321 E HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE	S	<input type="checkbox"/> Delete
NAME	MCCGRAW, MICHAEL L	
STREET ADDRESS	321 E HILLSBORO BLVD	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHOCKET, JEFFERY	
STREET ADDRESS	321 E. HILLSBORO BLVD	
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HENNESSEY, TIMOTHY		
STREET ADDRESS	321 E. HILLSBORO BLVD		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____