Mailing Address DEERFIELD BEACH FL 33442 2. Principal Place of Business Suite, Apt. #, ric. Suite, Apt. #, ric. Suite, Apt. #, ric. City & State City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	DOCUMENT # P98000030365 1. Entity Name KEY CONCEPTS, INC.					FILED Jan 09, 2001 8:00 am Secretary of State			
2. Principal Pisco of Business 3. Maring Address Suite, Apr. 4, etc. Suite, Apr. 4 etc. Coy & State Country A. Fill Number 65-0624997 December Zo Country A. Fill Number Zo Country A. Fill Number Success A. Fill Number 65-0624997 December Zo Country A. Fill Number Success A. Fill Number 65-0624997 December Zo Country A. Fill Number Success A.	Principal Plac			01-09-2001 90	0035 006 ***1	50.00			
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Separation Sep	City & State		City & State		4. Fi	El Number 65-0824997		`	
COHEN, ALBERT J 370 JEFFERSON DRIVE APT 106 DEERFIELD BEACH FL 33442 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forda. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. CHANGES 17. ST. IPP 17. CHEN, ALBERT J 370 JEFFERSON DR APT 106 DEERFIELD BEACH FL 33442 17. Delete 17. Rame and Address of New Registered Agent (P.O. Box Number is Not Acceptable) 17. Life Now, In the State of Forda. 18. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. 18. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. 19. The corporation is eligible to satisfy its Intangible 19. The corporation is eligible to satisfy its Intangible 19. The Corporation is eligible to satisfy its Intangible 19. The Corporation is eligible to satisfy its Intangible 19. Electron Campsign Financing 1	Zip	Country	Zip C	Country	5. C	ertificate of Status Desired	\$8.75 Add	ditional	
COHEN, ALBERT J 370 JEFFERSON DRIVE APT 106 DEERFIELD BEACH FL 33442 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. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. OFFICER ADDRESS 14. CHANGES 15. OFFICERS AND DIRECTORS 16. Change Addition 17. ST.2P 17		6. Name and Address of Current R	legistered Agent		7. No	ame and Address of New Registe			
APT 106 DEERFIELD BEACH FL 33442 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. SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so (See criteria on back) 9. This corporation is eligible to satisfy its intangible Tax fling requirement and elects to do so (Make Check Payable to Department of State) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE POWER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE POWER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITERI ADDRESS CITY-ST-2P TITLE Delete TITLE		<u>-</u>		Name			· · · · · · · · · · · · · · · · · · ·		
S. 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. SIGNATURE Signature Signat				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hybrid or primed rame of registered agent and take if applicable. INDITE Registered Agent signature requirement and elects to do so	APT 106								
SIGNATURE Gignature, typoid or printed name of registered appellicative. (NOTE: Registered Agent signature required when reinitating) OATE	DEE	RFIELD BEACH FL 33442		City			FL Zip Cod	e	
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13. 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 supply that the part 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	13. I hereby	certify that the information supplied with the	his filing does not qualify for the		Section 1	19.07(3)(i), Florida Statutes. I furthe	er certify that the in	nformation or director	

AUGRAT JACK COHEN

AME O SIGNING OFFICER OF DIRECTOR

SIGNATURE:

CR2E034 (10/00) CR2E034 (10/00)

1/3/2001 954-531-3626 Date Phone #