

**FILED**

04-27-2001 90267 015 \*\*\*150.00

**C0052986**

65-0834419

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Darla Sasserman

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

~~3150 NW 69th Street~~

|                |    |          |
|----------------|----|----------|
| City           | FL | Zip Code |
| Ft. Lauderdale |    | 33309    |

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

Darla Sasserman  
(NOTE: Registered Agent signature required when reinstalling)

DAI

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | DP                                  | <input type="checkbox"/> Delete |
| NAME           | Haskell, Rodney                     |                                 |
| STREET ADDRESS | 1323 SW 17 St., #461                |                                 |
| CITY-ST-ZIP    | <del>Ft. Lauderdale, FL 33316</del> |                                 |

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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | DS Haskell-              | <input type="checkbox"/> Delete |
| NAME           | Sasserman, Darla         |                                 |
| STREET ADDRESS | 1323 SW 17 ST., #461     |                                 |
| CITY-STATE-ZIP | Ft. Lauderdale, FL 33316 |                                 |

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                          |                                            |                                   |
|-----------------|--------------------------|--------------------------------------------|-----------------------------------|
| TITLE           | DP                       | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME            | Haskell, Rodney          |                                            |                                   |
| STREET ADDRESS  | 3150 NW 69th Street      |                                            |                                   |
| CITY - ST - ZIP | Ft. Lauderdale, FL 33309 |                                            |                                   |

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

|                |                          |                                            |                                   |
|----------------|--------------------------|--------------------------------------------|-----------------------------------|
| TITLE          | DS <i>Haskell</i>        | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | Sasserman, Darla         |                                            |                                   |
| STREET ADDRESS | 3150 NW 69th Street      |                                            |                                   |
| CITY-ST-ZIP    | Ft. Lauderdale, FL 33309 |                                            |                                   |

|                  |                                                                   |
|------------------|-------------------------------------------------------------------|
| 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    |                                                                   |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE: X**

 Darla S. [illegible]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

### Finding Phoen #

CR2E034 {11/00}