

FILED
Apr 08, 2004 8:00 am
Secretary of State

DOCUMENT # P98000037655



Mailing Address
255 NE 6TH AVE
DELRAY BEACH, FL 33483

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E034 (10/03)

| |
|----------------|
| Applied For |
| Not Applicable |

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

| | |
|--|-------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

SIGNATURE.

DATE _____

\$5.00 May Be
Added to Fees

| | |
|-----|---|
| 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---|

| | | | |
|----------------|-----------------|---------------------------------|--|
| TITLE | V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SZERDI, JOHN | | |
| STREET ADDRESS | 125 LA POSTA RD | | |
| CITY-ST-ZIP | TAOS, NM 87571 | | |

| | | | |
|----------------|-----------------|---------------------------------|--|
| TITLE | S | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | BECHER, LAURA | | |
| STREET ADDRESS | 125 LA POSTA RD | | |
| CITY-ST-ZIP | JACK, NM 87571 | | |

| 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 | | |

☐ Change ☐ Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

SIGNATURE:

William R. Wintzer WILLIAM R. WINTZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/564

$$(561) 243 - 2400$$

Date _____

Daytime Phone #