	UNIFORM BUSH	<u> </u>	Г (UBR)		FI	LED	
DOCUMENT # P98000053298 1. Entity Name					May 04, 2000 8:00 am Secretary of State			
tilt mas	STER, INC.				Ì	05-04-2000 90		
Principal Place	e of Business	Mailing Address						
5300 NORTH POWERLINE ROAD SUITE 203-A FT. LAUDERDALE FL 33309		5300 NORTH POWERLINE ROAD SUITE 203-A FT. LAUDERDALE FL 33309-3154						
2. Principal Place of Business 5300 N. Powerline Road Suite Apt. #. etc. Suite 203-A		3. Mailing Address 5300 N. Powerline Road Suite Apt. #, etc. Suite 203-A		ad	DO NOT WRITE IN THIS SPACE			
Ft ^{ity & State}	ùderdale, Florida	City & State Ft. Lauderdale, FL		4.	b5184312/		oplied For ot Applicable	
3 <u>3</u> 809	Rfroward	33309 1	ountry	5.	Certificate of	Status Desired	\$8.75 Ad	
	6. Name and Address of Current Re			7.	Name and A	ddress of New Regist	tered Agent	
			Name I	lanniı	ng, All	bert		
MANNING, ALBERT 5300 NORTH POWERLINE ROAD				Street Address (P.O. Box Number is Not Acceptable) 5300 N. Powerline Road				
	e 203-a Auderdale FL 33309				ite 203-A			
				rt. La	Lauderdale, FL 33309			
8. The above	named entity submits this statement for t	he purpose of changing its regis	stered office or n	egistered ag	gent, or both,	in the State of Florida.		
SIGNATURE	Signature, fiped or printed name of registered agent and	Albert Ma d utle il applicable. (NOTE: Regin	tinning/H stered Agent signature			4/24	/ 00 · DATE	
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		0.00		on Campaign Financi Fund Contribution.		0 May Be d to Fees
11.	OFFICERS AND D	IRECTORS	12.	A	DDITIONS/CI	HANGES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Manning, Albert 1 Financial Plaza,ste.1600 Ft. Lauderdale Fl 33394		STREET ADDRESS	5300		bert erline Rd ale, FL 3		Addition
TITLE NAME	D Manning, Shanice		TITLE NAME	Manni	ng, Sh	anice	Change Change	
STREET ADDRESS CITY - ST - ZIP	1 FINANCIAL PLAZA, STE. 1600 FT. LAUDERDALE FL 33394		STREET ADDRESS	5300 Ft. L	N Powe auderd	rline Rd. ale, FL 3	<u>, STE</u> 20. 3309	3A.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP				Change	Addition
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADORESS CITY - ST - ZIP	<u></u>			Change	Addition
City-St-Zip Title Name Street address		Delote	TITLE NAME STREET ADDRESS				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS				Change	Addition
CITY-ST-ZIP 13. I hereby c indicated of the cor changed, SIGNAT	ertify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with the comparison of the second	his filing does not qualify for the	quired by Chap	ter 607, FIO	nua statutes;	(954)	938–4311 /24/00	information or director r Block 12 if
SIGNAL	UHE: SIGNATIVE AND TYPED OR PRI	INTED NAME OF SIGNING OFFICER OR DI		<u>- 1197 P</u>	restue	Date 4	Daytime Phone #	: