2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2003 8:00 am Secretary of State

Daytime Phone #

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| Principal Place of Business 1255 EGLIN PKWY SHALIMAR FL 32579 | | | | Mailing Address 1255 EGLIN PKWY SHALIMAR FL 32579 | | | | | 13878814848 | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | E FRANKARE ELD FAF | H HOLLY COURT COL | delli edili iedi | | 40710 8007 (847 | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | ; | | | |
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| Zip | | Country | Zip | | Cour | ntry | | 5. C | ertificate of Statu | ıs Desired | | 3,75 Ad e Require | ditional | |
| <u></u> | 6. Name | and Address of Cu | rrent Registers | d Agent | Щ. | | لــــــ | 7. Na | me and Addres | ss of New Re | | | | - |
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| 8. The above | e named entity itions of regist | submits this statem | ent for the purp | ose of changing it | s register | ed office o | registere | ed ager | nt, or both, in the | State of Flori | da. I am fam | illar with, | and accept | 7 |
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| 12. I hereby of indicated of the cor changed, | certify that the fon this report rporation or the for on an atla | Information supplier or supplemental rep e receiver or trustee chment with an addr | d with this filing fort is true and a empowered to e ess, with all othe | does not qualify to accurate and that r execute this report or like ampowered | r the exer ny signat as requir | mption state ure shall ha ed by Cha | ed in Sec ave the sa pter 607, I | tion 119 ame leg Florida | 9.07(3)(i), Florida a) effect as if ma Statutes; and th | a Statutes. I fu ade under oat at my name a | rther certify to that I am a posars in Bio | hat the in n officer o ock 10 or | formation or director Block 11 if | |
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| SIGNAT | OHE: V | SIGNATURE AND TYPE | D OR PRINTED HAM | E OF SKINING OFFICER | OR DIRECT | OR | JI60 |)ridi), | <u>с. Сф</u> | -1103 87 | O . 69(| Phone # | <u> </u> | |