2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090189

1. Entity Name

Principal Place of Business	Mailing Address					
·· - Anglers avenue fl 33004	PO BOX 4908 Springfield MD 65	808-4908				
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc					
City & State	City & State					
Zin Country	Zip	Country				

FILED May 30, 2000 8:00 am Secretary of State 05-30-2000 90038 017 ***150.00

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Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc.								
						DO NOT WRITE IN THIS SPACE					
			City & State			4. FEI Number 36-4257098					olied For Applicable
Zip	Country	,	Zip .	Country		5. Certificate of	Status Desired			5 Addi equired	
-	6. Name and Addr	ess of Current Re	gistered Agent			7. Name and Ad	dress of New R	egistere	d Agent		
				Name	•						
5150	K, EUGENE L ANGLERS AVENUE A FL 33004			Street	t Address (P.C), Box Number is	Not Acceptable	······································		-	,
DAM	A FE 33004			City	- <u>u</u> -	··		F	Zij	p Code	
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. The above	named entity submits t	ins statement for th	e purpose or changing its	registered office	or registered	agent, or both,	Traing Clate Cirile	mau,			
IGNATURE _	Signature, typed or printed name	ne of registered anent and	itte d'applicable (NOTE	E: Registered Agent sig	Inature required wh	nen reinstating)		DATE			
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(See curen	ia on back)		Make Check Payab	ne to Departing	ent of State						
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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