n **Secretary of State** 09-13-2000 90014 021 ***550.00

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Sep	13,	2000	8:00	an
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2000	UNIF	ORM I	BUSIN	IESS F	REPOR	RT (UBF	3)

DOCUMENT # **P98000107750**

SIGNATURE

ST. JOHN, DICKER, CAPLAN, KRIVOK & CORE, P.A.

ST JOHN, DICKER KRIVOK + CORE, PA.

Principal Place of Business

WEST PALM BEACH FL 33401

Mailing Address

500 AUSTRALIAN AVENUE SOUTH SUITE 600

500 AUSTRALIAN AVENUE SOUTH SUITE 600

WEST PALM BEACH FL 33401

|--|--|

DATE

					.	
2. Principal Place of Business 500 AUSTRALIAN Are South	3. Mailing Address Sam	رم				
Suite, Apt, #, etc. Suite 600	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Parm Beach, 71	City & State			4. FEI Number 65 - 0883982	Applied F	
Zip 3340 1 Country U.S	Zip	Cour	ntry		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
* * *		·	Name	* - ·		
ST. JOHN, DAVID ESQ. 500 AUSTRALIAN AVENUE SOUTH SUITE 600 WEST PALM BEACH FL 33401			Street Addres	is (P.O. Box Number is Not Acceptable)		
WEST PALM DEAUTIFL 33401			City		Zip Code	

The above named entity submits this statem	ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9.	This corporation is eligible to satisfy its Intangible	
	Tax filing requirement and elects to do so.	Aft
	(See criteria on back)	1 .

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 ter SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

11.	OFFICERS AND DIRECTORS	12,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	VICE PRESIDENT Delete	TITLE D	PRESIDENT, Manasing DIRECTOR Change PAddition
NAME	Louis Caplan 500 tustravian Ave So. Ste 600	NAME	DAVID St. JOHN Am. So, Ste 600
STREET ADDRESS	500 Australian Ave So. SIEGO	STREET ADDRESS	500 AUSTRALIANTHE 30, JETO
CITY-ST-ZIP	West Parm Beach, 31 33401	CITY-ST-ZIP	Wost Parm Beach, 21 33401
TITLE	· Delete	TITLE	V-PRES/D □ Change □ Addition
NAME		NAME	Edward Dicker
STREET ADDRESS		STREET ADDRESS	ENA AUSTRALIAN THE SO. SIE
CITY-ST-ZIP		CITY-ST-ZIP	West Palm Beach, 31 334017
TITLE	☐ Delete	TITLE	TREASareR/O Change CAddition
NAME	المملونية الرياد والمحاوري اليجيدون	NAME -	James N. KRIVOK
STREET ADDRESS		STREET ADDRESS	500 ALSTRAGIAN AVE SO, STEGOO
CITY-ST-ZIP	,	CITY-ST-ZIP	West Parm Beach, 71 33401
TITLE	☐ Delete	TITLE	SECRETARY / D Change Addition
NAME		NAME	DAVID A. CORE
STREET ADDRESS		STREET ADDRESS	506 AUSTRALIAN HUE SO, SIE 600
CITY-ST-ZIP		CITY-ST-ZIP	500 Australian Ave So, Ste 600 West Parm Beach, 71 33401
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME 3		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIR		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i). 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.

GNING OFFICER OR DIRECTOR