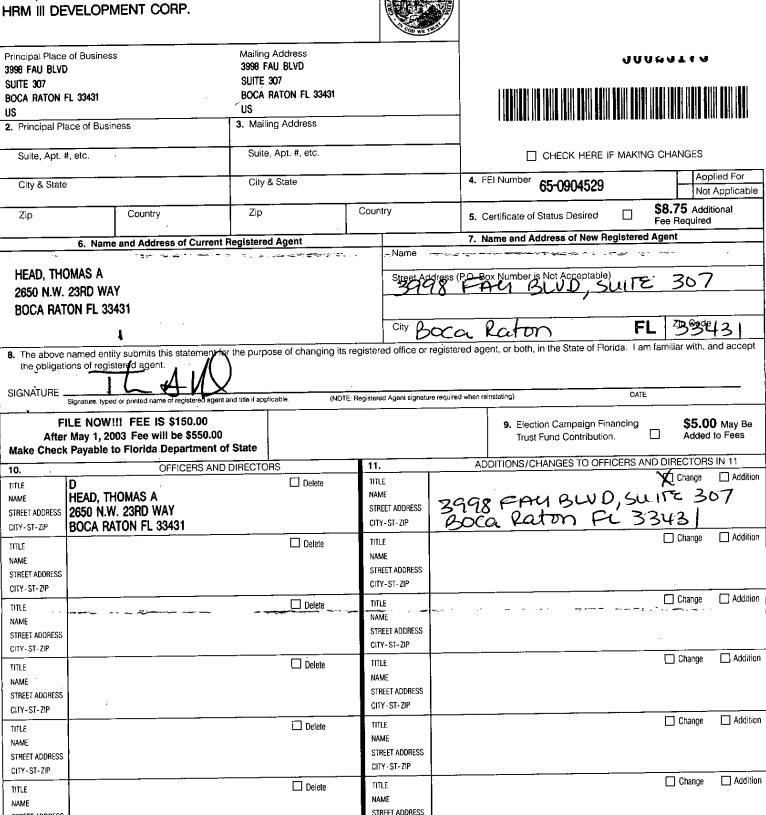
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000018160 **DOCUMENT #**

1. Entity Name



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90058 026 ***150.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
10.			TITLE	Change	☐ Addition
TITLE	D	elete			
	HEAD, THOMAS A		NAME	Dage EAU BUID, SUITE 30) /
STREET ADDRESS	2650 N.W. 23RD WAY		STREET ADDRESS	20 Co 321/21	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	3998 FAU BLUD, SUITE 30 BOCA Raton FL 3343/	
TITLE		elete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS		l	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	□ D	elete	TITLE	☐ Change	☐ Addition
TITLE			NAME	way was to the second of the control	1
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP				☐ Change	☐ Addition
TITLE	□ Ď)elete	TITLE	onungo	
NAME			NAME		j
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	;		CITY-ST-ZIP		
TITLE		Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		1
			STREET ADDRESS		1
STREET ADDRESS		1	CITY-ST-ZIP		ļ
CITY-ST-ZIP				Change	☐ Addition
TITLE		Delete	TITLE	U onange	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (10/02)