DOCUMENT # P99 0000 & 4 211   05-09-2002 9001 2 043 ***1 50.00     UPER CORPT ONNE CORPT ONNE CONTROL AND CONTROL TO CONTROL AND CONTROL	FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED May 09, 2002 8:00 am Secretary of State		
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City & Same   City & Same   4. 72.0 Monther   Jack Application     29   Country   Zip   Country   Zip   Country   Sign 7.3 Country     33.71.3   Country   Zip   Country   Zip   Country   Sign 7.5 Anditional     B   DO NOT WRITE   Name and Address of Country Registered Agent   Sign 7.5 Anditional   Sign 7.5 Anditional     International Country   City A   Country   Sign 7.5 Anditional   Sign 7.5 Anditional     International Country   City A   Country   Sign 7.5 Anditional   Sign 7.5 Anditional     International Country   City A   Country   Sign 7.5 Anditonal   Sign 7.5 Anditonal     International Country   City A   Country   Sign 7.5 Anditonal   Sign 7.5 Anditonal     International Country   City A   City Anditonal Agent A	Suite, Apt.			DO NOT WRITE IN THIS	S SPACE			
20     Country     20     31     Country     5. Certificate of Status Desired     \$8,75 Accessions       DO NOT WRITE IN THIS SPACE     - Name and Address of Current Registered Agent     - Name and Address of Current Registered Agent       United The State     - Name and Address of Current Registered Agent     - Name and Address of Current Registered Agent       In THIS SPACE     - State Address of Down Number is No. Acceptable     - State Address of Down Number is No. Acceptable       State Address of Down Number is No. Acceptable     - State Address of Down Number is No. Acceptable     - State Address of Down Number is No. Acceptable       State Address of Down Number is No. Acceptable     - State Address of Down Number is No. Acceptable     - State Address of Down Number is No. Acceptable       State Address of Down Number is No. Acceptable     - State Address of Down Number is No. Acceptable     - State	City & State City & State							
Name   Name   Super Sector Sector   Super Se	210		33713					
SIGNATURE   Source typed o privatione of option applicable   (COTE: Registere Agent agent in the installary)   DATE     9. This corporation is eligible to satisfy its Intangible Tax Illing requirement and elects to do so. (See criteria on back)   January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$50.00 After May 1, Fee is \$50.00 After May 1, Fee is \$150.00 Atter May 1, Fee is \$150.00 Att			Met. J.M. Box, Number is Not Acceptable) MAC ACE. Ste. Pla	1014				
0   This Collaboration is required and allowed is set. 25   After May 1 fee is \$\$50.00   In   In   In   In   Added to Field   In   Added to Field   In	SIGNATURE							
TTLE P. D. TTLE TTLE   NAME Tituething J And Anna TTLE NAME   STREET ADDRESS 350 Dacca Leight D1. STREET ADDRESS   CTY. ST. JP Number Logit D1. STREET ADDRESS   STREET ADDRESS Back Nume STREET ADDRESS   CTY. ST. JP Nume STREET ADDRESS   STREET ADDRESS Back Nume STREET ADDRESS   CTY. ST. JP NumeLeither Becaulty FL 33700 CTY. ST. JP   TTLE NAME STREET ADDRESS   STREET ADDRESS Back Nume STREET ADDRESS   CTY. ST. JP NumeLeither Becaulty FL 33700 CTY. ST. JP   TTLE NAME STREET ADDRESS   CTY. ST. JP NumeLeither Becaulty FL 33700 CTY. ST. JP   TTLE NAME STREET ADDRESS CTY. ST. JP   TTLE STREET ADDRESS CTY. ST. J	Tax filing (See crite	, Fee is \$550.00 UBR is \$61.25						
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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 on an attachment with an address, with all other like empowered.								
SIGNATURE: 2 Tim Adams 4-20-02 727-398-5213 BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Deter Dayline Phone +								