DOCUI 1. Entity Name	MENT #	<b>T</b>	1 <b>NESS REPO</b> 1041599	OKT (UB	FILED  Mar 21, 2001 08:00 AM  Secretary of State
Principal Place	e of Business	E.212	Mailing Address 7041 GRAND NATIONAL DR.	,STE.212	
ORLANDO 32819		FL	ORLANDO 32819	FL	
2. Principal Pi 7041 GRAND N	lace of Busines	ss	3. Mailing Address 7041 GRAND NATIONAL DR.		-
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	-	DO NOT WRITE IN THIS SPACE
City & State	e	FL	City & State	FL	4. FEI Number Applied For S9-3585009 Not Applied be
Zip 32819		Country	Zip 32819	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name a	and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
NAGY 7041 GRAN	EDUARDO D NATIONAL				et Address (P.O. Box Number is Not Acceptable)
ORLANDO 32819		F	ıL	City	FL Zip Code
SIGNATURE _	Signature, typed or	printed name of registered agent	and title if applicable. (NO		e or registered agent, or both, in the State of Florida.  - 03/21/2001 —  gnature required when reinstating) DATE
SIGNATURE _  9. This corpo  Tax filing re	Signature, typed or oration is eligib.		and title if applicable. (NO	OTE: Registered Agent signs  /!!! FEE IS \$150  001 Fee Will be \$	gnature required when reinstating)  OATE  10. Election Campaign Financing  Trust Find Contribution  Trust Find Contribution
9. This corpo Tax filing re (See criter	Signature, typed or oration is eligib equirement and ia on back)	printed name of registered agent alle to satisfy its Intangible dielects to do so.	After MAY 1, 2 Make Check Paya	ITE: Registered Agent signs IIII FEE IS \$150 001 Fee will be \$ able to Department	903/21/2001 908/2001
9. This corpo Tax filing re (See criter  11.  TITLE VAME STREET ADDRESS	Signature, typed or oration is eligib equirement and ia on back)  VPST  CHEAJOUS 9757 BAY V	printed name of registered agent alle to satisfy its Intangible dielects to do so.  OFFICERS AND  SKY SILVIO M  ISTA EST BLVD	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS  Delete	OTE: Registered Agent signs  /!!! FEE IS \$150  901 Fee will be \$  able to Departmen	gnature required when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  VPST CHEAJOVSKY SILVIO M
9. This corpo Tax filing re (See criter  11.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or oration is eligible equirement and ia on back)  VPST  CHEAJOUS 9757 BAY V. ORLANDO	printed name of registered agent alle to satisfy its Intangible dielects to do so.  OFFICERS AND  SKY SILVIO M  ISTA EST BLVD	After MAY 1.2  Make Check Paya  DIRECTORS  Delete  FL 32836	JIE: Registered Agent signs JIII FEE IS \$150 001 Fee will be \$ able to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	gnature required when reinstating)  50.00  \$550.00  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  VPST CHEAJOVSKY SILVIO M  SS 9757 BAY VISTA EST BLVD ORLANDO  FL 32836
9. This corpo Tax filing re (See criter  11.  TITLE VAME STREET ADDRESS	Signature, typed or oration is eligible equirement and is on back)  VPST CHEAJOUS 9757 BAY VORLANDO P CHEAJOUS	printed name of registered agent in the to satisfy its Intangible delects to do so.  OFFICERS AND  SKY SILVIO M  ISTA EST BLVD  SKY GRACIEZA  ISTA EST BLVD	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS  Delete	JIE Registered Agent signs JIII FEE IS \$150 001 Fee will be \$ able to Department 12. TITLE NAME STREET ADDRESS STREET ADDRESS	gnature required when reinstating)  50.00  \$550.00  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  VPST CHEAJOVSKY SILVIO M  9757 BAY VISTA EST BLVD ORLANDO  P CHEAJOVSKY GRACIELA I  SS 9757 BAY VISTA EST BLVD
9. This corpo Tax filing re (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Signature, typed or oration is eligible equirement and is on back)  VPST CHEAJOUS 9757 BAY V ORLANDO P CHEAJOUS 9757 BAY V	printed name of registered agent in the to satisfy its Intangible delects to do so.  OFFICERS AND  SKY SILVIO M  ISTA EST BLVD  SKY GRACIEZA  ISTA EST BLVD	FILE NOW After MAY 1.2 Make Check Paya DIRECTORS  Delete  FL 32836	JIE: Registered Agent signs JIII FEE IS \$150 001 Fee will be \$ able to Departmen 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	gnature required when reinstating)  50.00  5550.00  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  VPST CHEAJOVSKY SILVIO M 9757 BAY VISTA EST BLVD ORLANDO  FL 32836  P CHEAJOVSKY GRACIELA I 9757 BAY VISTA EST BLVD ORLANDO FL 32836  Change Addition  Change Addition  Change Addition
9. This corpo Tax filing re (See criter  11.  TITLE VAME STREET ADDRESS CITY-ST-ZIP FITLE VAME STREET ADDRESS STREET ADDRESS	Signature, typed or oration is eligible equirement and is on back)  VPST CHEAJOUS 9757 BAY V ORLANDO P CHEAJOUS 9757 BAY V	printed name of registered agent in the to satisfy its Intangible delects to do so.  OFFICERS AND  SKY SILVIO M  ISTA EST BLVD  SKY GRACIEZA  ISTA EST BLVD	FILE NOW Affer MAY 1, 2 Make Check Paya DIRECTORS  Delete  FL 32836  Delete  FL 32836	ITE: Registered Agent signs  IIII FEE IS \$150  1001 Fee will be \$  able to Departmen  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	903/21/2001  10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  VPST CHEAJOVSKY SILVIO M 9757 BAY VISTA EST BLVD ORLANDO FL 32836  P CHEAJOVSKY GRACIELA I 9757 BAY VISTA EST BLVD ORLANDO FL 32836    Change   Addition
9. This corporate for the corp	Signature, typed or oration is eligible equirement and is on back)  VPST CHEAJOUS 9757 BAY V ORLANDO P CHEAJOUS 9757 BAY V	printed name of registered agent in the to satisfy its Intangible delects to do so.  OFFICERS AND  SKY SILVIO M  ISTA EST BLVD  SKY GRACIEZA  ISTA EST BLVD	FILE NOW After MAY 1.2 Make Check Paya DIRECTORS  Delete  FL 32836  Delete  FL 32836  Delete	ITE: Registered Agent signs  IIII FEE IS \$150  001 Fee will be \$  able to Department  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	gnature required when reinstating)    DATE

PR

03/21/2001 Date

Daytime Phone #

SIGNATURE: SILVIO CHERJOVSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR