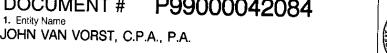
2003 FOI	R PROFIT CORPORA'	TION
UNIFORM	BUSINESS REPORT	(UBR
DOCUMENT #	P99000042084	

Entity Name





FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90132 012 ***150.00



Principal Place of Business Mailing Address 2189 SE OTH STREET -2189-SE 9TH STREET POMPANO BEACH FL 33062 POMPANO BEACH FL 93062 6550 N. FEDERAY 4000, \$340 6550 N. FEDERAL HUY. FORT LANDERDALE FL. 33308 FORT LANDERDALE FL. 33368 Principal Place of Business 3. Mailing Address 6550 N. FEDERAL HOW 6550 N.F Suite, Apt. #, etc. Suite, Apt. #, etc. SU ITE CHECK HERE IF MAKING CHANGES 54 17E City & State City & State 4. FEI Number fort Landerdaue fL, Applied For fort Landerpale 65-0919635 Not Applicable Country Country 308 \$8.75 Additional 5. Certificate of Status Desired 452 ÜSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAMMAM, FRED C III Street Address (P.O. Box Number is Not Acceptable) 2189 SE 9TH STREET POMPANO BEACH FL 33062 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition VAN VORST, JOHN NAME NAME STREET ADDRESS 2159 SE 9TH STREET STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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:

Signes NATURE AND TYPED OR PRINTED NAME OF S