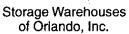
NATION TEWIENT		30	DI PART IENT OF STATE Katho ine Harri Secretary of Sai	SECRE TALLA	FILE TARY HASSE	OF STATE E. FLORIDA	7
ENT#	099000 ON Sto da, In	1019 Mage c.	5) Warehouses of			·	
2. Principal Office Address 5861 SW, 214 St Suite, Apt. #, etc. City & State HOLVIII O. A. F. I		3. Mailing Office Address SQNE Suite, Apt. #, etc. City & State		4. Date incorporated or Qualified To Do Business in Florida 1			
VV V	USA	7. N	Country lame and Address of Current Regis	6. CERTIFICATE	<u> </u>	S DESIDED \$8.75 Add	itional Fee required entiticate of Status
oreet Address (P. 38) uite, Apri. #, Etc.	75 AL	1ALFI	<u>PL</u> Dr.		State FL	1 0045351 -08/15/0101 ****300,00 Zip Code ろろの &/	3133 1025-007 ~ *** 300.00
inted the register	red agent of the above	re named corpo		e obligations of section	on 607.050 Date _		CRZED81 (8/00)
	Name of	or Director (Flo	Street Address of E	ech		City / State / Zin	
JANE	MAN2	ella	· · · · · · · · · · · · · · · · · · ·		Nort	3	3023 Ch,FL
			<u> </u>				
	ENT # Street Addresser Street Addresser The Apt. #, Etc. The Apt. #, Etc. The Apt. # Country The Apt.	ENT # PGGOOD Name OF DON SHOW FIORIDA, INC. See Address SW, 2194 St Country USA The Country USA The Country USA The Country USA The Country The	ENT # PGGOOD IO IGName Florida, Inc. Ce Address Suite, Apt. #, City & State City & State Country Country	Rehable the Harry Secretary of all Division of Ans Secretary of all Division of Ans Secretary of all Division of Ans Secretary of Ans Secretary of Ans Secretary of Answer Secretary Secretary of Answer Secretary of S	Secretary of a DIVISION OF A D	Secretary of State ENT # PGGOOD IO IGS) Name PART BENT # PGGOOD IO IGS) Name Suite, Apt. #, etc. 4. Date Incorporated or To Do Business in Fix City & State City & State City & State To Country Country 7. Name and Address of Current Registered Agent Sime The Address (P.O. Box Number is Not Acceptable) 38 75 AMALFI Dr. Street Address (P.O. Box Number is Not Acceptable) 38 75 AMALFI Dr. Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer and/or Directors Officer and/or Directors Name of Officer and/or Directors Name of Officer and/or Directors Officer and/or Directors	Secretary of a DIMSIO OF OD MS ENT # PGGOOD IO 1950 Name OF AS SON Storage Warehouses of Florida, Inc. Suite, Apt. 6, etc. 4. Date Incorporated or Qualified To Do Business in Florida 1/2 20 Suite, Apt. 6, etc. 4. Date Incorporated or Qualified To Do Business in Florida 1/2 20 Suite, Apt. 6, etc. 4. Date Incorporated or Qualified To Do Business in Florida 1/2 20 S. FEI Number 5/2 0 9 (21/47 091 9/2) T. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent The Address (P.O. Box Number is Not Acceptable) 38/7.7 AMALF! Dr. The Apt. 6, Etc. The Apt. 6, Etc. The Apt. 7, Etc. The Address of Current Registered Agent The Apt. 7, Etc. The Address of Each Officer and/or Directors Street Addresse of Each Officer and/or Directors Name of Officers and/or Directors Officer and/or Directors City / State / Zip City / State / Zip

FATHER





"Since 1908"

5861 S.W. 2.V.Street Hollywood, Florida 33023

Dade (305)634-4200 Brow (954)359-7700 Boca (561)241-7770

July 31, 2001

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

To Whom It May Concern,

Gentlemen:

Please be advised that we never received notice to file the annual reports for the corporation, nor did my registered agent inform me of same.

We apologize for our lateness and be assured it will not be repeated.

Your cooperation is most appreciated.

Respectively

FATHER & ASON

JANE MANZELLA

President

JM/ekc