

**AMENDED**  
**2004 FOR PROFIT CORPORATION**  
**ANNUAL REPORT**

06-03-2004 90001 030 \*\*\*150.00

P99000110268

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|-----------------------|-------------------------------------|----------------|--------------------------|--|----------------|-----------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------|------|--------|----------|------|-------|--------------------------|--------------------------|----------------|-------|--|--|----------------|-------|--|--|
| <b>DOCUMENT # P99000110268</b><br>1. Entity Name<br><b>ARK SEAMLESS GUTTERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| Principal Place of Business<br>7372 PRESCOTT LN.<br>LAKE WORTH, FL 33467                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                                                                                              | Mailing Address<br>7272 PRESCOTT LN.<br>LAKE WORTH, FL 33467 |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| 2. Principal Place of Business<br><i>910 John Porter Accounting</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | 3. Mailing Address<br><i>1403 W. Boynton Beach Blvd</i>                                                      |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| Suite, Apt. #, etc.<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | Suite, Apt. #, etc.<br><i>Boynton Beach</i>                                                                  |                                                              | 02122004    Chg-P    CR2E034 (10/03)                                                                                                                                                                                                   |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| City & State<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | City & State<br><i>FL</i>                                                                                    |                                                              | 4. FEI Number<br><b>65-0965460</b>                                                                                                                                                                                                     |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| Zip<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | Zip<br><i>33426</i>                                                                                          |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                               |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOHN PORTER ACCOUNTING INC</b><br><b>400 S FEDERAL HWY</b><br><b>SUITE 405</b><br><b>BOYNTON BEACH, FL 33435</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                              |                                                              | 7. Name and Address of New Registered Agent<br>Name <i>John Porter Accounting</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>1403 W. Boynton Beach Blvd.</i><br>City <i>Boynton Beach</i> FL    Zip Code <i>33426</i> |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| 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 the obligations of registered agent.<br>SIGNATURE <i>[Signature]</i> DATE <i>02/12/04</i><br><small>Signature of person or persons of registered agent and not if applicable. (NOTE: Registered Agent signature required when in meeting)</small>                                                                                                                                                                                                       |                             |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>PETERS, MAXIMO</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>7372 PRESCOTT LN.</b></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td><b>LAKE WORTH, FL 33467</b></td> <td></td> </tr> </table>                                                                                                                                      |                             |                                                                                                              | TITLE                                                        | NAME                                                                                                                                                                                                                                   | Delete | NAME | <b>PETERS, MAXIMO</b> | <input type="checkbox"/>            | STREET ADDRESS | <b>7372 PRESCOTT LN.</b> |  | CITY-STATE-ZIP | <b>LAKE WORTH, FL 33467</b> |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>_____</td> <td></td> <td></td> </tr> </table> |  |  | TITLE | NAME | Change | Addition | NAME | _____ | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS | _____ |  |  | CITY-STATE-ZIP | _____ |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME                        | Delete                                                                                                       |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>PETERS, MAXIMO</b>       | <input type="checkbox"/>                                                                                     |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7372 PRESCOTT LN.</b>    |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>LAKE WORTH, FL 33467</b> |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                     |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>RIVERA, LUIS D</b>       | <input checked="" type="checkbox"/>                                                                          |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7372 PRESCOTT LN.</b>    |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>LAKE WORTH, FL 33467</b> |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                     |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>JOHN, FELIX</b>          | <input checked="" type="checkbox"/>                                                                          |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7372 PRESCOTT LN.</b>    |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
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| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                     |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME                        | Delete                                                                                                       |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                       | <input type="checkbox"/>                                                                                     |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME                        | Change                                                                                                       | Addition                                                     |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                     |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME                        | Delete                                                                                                       |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                       | <input type="checkbox"/>                                                                                     |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME                        | Change                                                                                                       | Addition                                                     |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____                       | <input type="checkbox"/>                                                                                     | <input type="checkbox"/>                                     |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                       |                                                                                                              |                                                              |                                                                                                                                                                                                                                        |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>[Signature]</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                                                              |                                                              | DATE: <i>5/26/04</i><br><small>DATE</small>                                                                                                                                                                                            |        |      |                       |                                     |                |                          |  |                |                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |       |      |        |          |      |       |                          |                          |                |       |  |  |                |       |  |  |