2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01004

PEARLMAN, BRIAN

TAMPA FL 33607

SIGNATURE .

11.

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

TITLE

NAME

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NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

(See criteria on back)

2203 N. LOIS AVENUE, SUITE 700

9. This corporation is eligible to satisfy its Intangible

NOVAK, FRANK P.

NOVAK, DIANE L.

MARSHALL VA 20115

MARSHALL VA 20115

8625 MOUNTAINVIEW AVENUE

8625 MOUNTIANVIEW DRIVE

Tax filing requirement and elects to do so.

Principal Place of Business		Mailing Address
625 MOUNTAINVIEW AVENUE IARSHALL VA 20115		8625 MOUNTAINVIEW AVENUE MARSHALL VA 20115-3208
2. Principal Place of Business		
2. Principal Place of	f Business	3. Mailing Address
2. Principal Place of Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
· 		

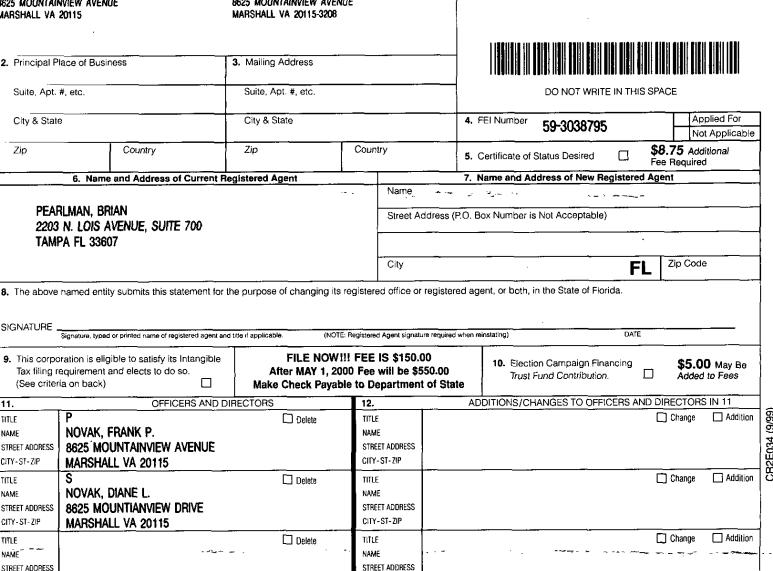
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90016 020 ***150.00



I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

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12.

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nour 4/14/00 540 369

Change

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Change

■ Addition

Addition

Addition