2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # \$92520** COONEY, MATTSON, LANCE, BLACKBURN, RICHARDS & O' 04-05-2001 90079 015 ***150.00 Mailing Address Principal Place of Business 2312 WILTON DRIVE 2312 WILTON DRIVE 7TH FLOOR FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0294635 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHAEL C. MATTSON Street Address (P.O. Box Number is Not Acceptable) 2312 WILTON DRIVE FT. LAUDERDALE FL 33302 City Zip Code FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VΡ Addition ☐ Delete TITLE TITLE RICHARDS, JOHN NAME NAME STREET ADDRESS 2312 WILTON DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 🖊 Change ☐ Addition TITLE □ Delete TITLE NAME DAVID F. COONEY NAME STREET ADDRESS 301 E. LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE . Change ___.Addition NAME MATTSON, MICHAEL C. NAME BOYA WITHON Drive STREET ADDRESS 301 E OLAS BLVD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP 1. laxbable ۷P Change ☐ Addition ☐ Delete TITLE NAME BLACKBURN, ACE J. NAME 301 E OLAS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 empawered 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 ther like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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