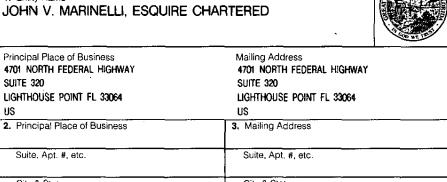
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V02897 **DOCUMENT #**



Apr 11, 2003 8:00 am Secretary of State
04-11-2003 90077 013 ***158.75

				1								
Principal Place of Business 4701 NORTH FEDERAL HIGHWAY SUITE 320 LIGHTHOUSE POINT FL 33064 US 2. Principal Place of Business			Mailing Address 4701 NORTH FEDERAL HIGHWAY SUITE 320 LIGHTHOUSE POINT FL 33064 US 3. Mailing Address									
Outle Aut	W -4-		0.75 A.1 //									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te		City & State				4. FEI	Number 65-03225 4	17		plied For at Applicable	
Zip Country			Zip	Zip Country			5 . Ce	tificate of Status Desired	×	\$8.75 Add Fee Require		
Name and Address of Current Registered Agent							7. Nar	ne and Address of Nev	Registere	d Agent		
MARINELLI, JOHN V					Name .							
	=	U LHOUWAV	Street Addre			ddress (P	s (P.O. Box Number is Not Acceptable)					
4701 NORTH FEDERAL HIGHWAY											~- <u></u>	
SUITE 320		ļ										
LIGHTHUL	JSE POINT			City				F	Zip Code	e		
8. The above the obligat	tions of regist	y submits this statement for ered agent. or printed name of registered agent	or the purpose of changing its		d office or				Florida. I ai		and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Trust Fund Contribu	, –	\$5.0 Added	May Be to Fees	
10.		OFFICERS AND	DIRECTORS .	11.			ADDI	TIONS/CHANGES TO O	FFICERS AI	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4701 NOR	I, JOHN V. TH FEDERAL HIGHWA' SE POINT FL 33064	Delete Y SUITE 320							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4701 NOR	Marinelli Th Federal Highwa' Beach Fl 33064	Delete Y SUITE 320				- ئ ىت		-	☐ Change	Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: