ſ	MENT # V37533	NESS REPO	RT (UB	Mar 21, 2001 8:00 am
FRANK	J. FERRARO, JR.,	INC.		Secretary of State 03-21-2001 90042 037 ***150.00
	e of Business S MILITARY TRAIL BEACH, FL 33484	Mailing Address 14466 S M DELRAY BE		
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. FEI Number 65 - 0331577 Applied For Not Applicable
Zip	6. Name and Address of Current F	Zip	Country	<ul> <li>5. Certificate of Status Desired Status Desired Fee Required</li> <li>7. Name and Address of New Registered Agent</li> </ul>
	MICHAEL J. BROAD 14466 S MILITARY TRAIL DELRAY BEACH, FL 33484		Street 1 City	FRANK J. FERRARO, JR.         et Address (P.O. Box Number is Not Acceptable)         14466 S MILITARY TRAIL
SIGNATUR 9. This corpo Tax filing re	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FRANK J. nd tule if applipping. (NOTE: FILE NOWI! After MAY 1, 200	FERRARC Registered Agent sign FEE IS \$150	10. Election Campaign Financing       \$5.00 May Be         \$550.00       Trust Fund Contribution
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME Street adoress City-St-Zip	DPT MICHAEL J. BROAD 14466 S MILITARY <del>DELRAY BEACH, FL</del>		TITLE NAME STREET ADDRESS CITY - ST-ZIP	E03
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK FERRARO, J 14466 S MILITARY	TRATI.	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS SC Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH, FL	3'3'4'8 4 Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change - Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•
<ol> <li>I hereby c indicated of the con changed,</li> </ol>	sertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, y	this filing does not qualify for true and accurate and that m wored to excepte this report a th all other like empowered.	the exemption st y signature shali is required by Cr	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNAT		F R	ANK FER	RRARO, JR. X 3-9-01 PRESIDENT Date Daytime Phone *