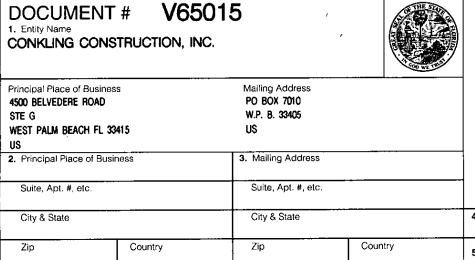
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**



## **FILED** Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90165 029 \*\*\*150.00

						NO WE						
Principal Place of Business 4500 BELVEDERE ROAD STE G WEST PALM BEACH FL 33415 US			PO B	Mailing Address PO BOX 7010 W.P. B. 33405 US								
2. Principal Pi	ace of Busin	ness	3. Mai	3. Mailing Address							6    6    6    6    6    6    6    6	
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	<del></del>		City	City & State			<b>4</b> , F	4. FEI Number 65-0358389 Applied For Not Applicable				
Zip	Zip Country Zip				Country			Certificate of Status Desired		\$8.75 Add		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
D'ANGIO,	ROBERT A	بهضد سب در سبب درد. JR	<u></u>					•		. = - ·		
685 ROYAL PALM BEACH BLVD. SUITE 205				Street Address			iss (P.O. B	(P.O. Box Number is Not Acceptable)				
W.P. BCH		21011 DE 10. OGITE E						· · · · · · · · · · · · · · · · · · ·				
W.P. DUN	PL 33411				Ci	ty			FL	Zip Cod	e	
O The share		v automita this states	for the pos-	unna of observing its	registered of	fice or reci	istered as	ent, or both, in the State of Flo			and accept	
	ions of regist		ior the purp	ose of changing its	registered or	nce or regi	istered agr	ent, or both, in the state of the	лаа. тап	Tarringar Willia	und docopt	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if app	olicable. (NOTI	E: Registered Ager	nt signature rec	quired when re	ainstating)	DATE			
After	May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department						9. Election Campaign Fir Trust Fund Contributio	~ -		May Be to Fees	
10.	<del>-</del>	OFFICERS AN	D DIRECTO	RS	11.		AD	L DDITIONS/CHANGES TO OFF	ICERS ANI	D DIRECTOR	S IN 11	
TITLE :	DP	Se .	<i>D D n E O n E</i>	☐ Delete	TITLE					<b>Change</b>	☐ Addition	
		a, III D CASO BLVD LM BEACH FL 33411			NAME STREET ADI CITY-ST-Z	DRESS	1338 OUNTO	Fairfax circle : D Beach Flori	<b>E</b> 151 04 33	3436		
TITLE	VP			☐ Delete	TITLE				<u> </u>	Change	Addition	
NAME		3, KATHERINE P		CTI Delete	NAME					•		
STREET ADDRESS CITY-ST-ZIP	480 EXEC	UTIVE CENTER DRIVE LM BEACH FL 33401			STREET ADI	DRESS 1	2871 LM B	I BRIARLAKE DA EACU GARARAS F	7. 33	-201 AIB- <i>6</i> 9	128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGESS 704 OSPF	, ALEXANDRIA C	 }	Delete	TITLE - NAME - STREET ADI - CITY-ST-Z	DRESS	* - ·	· · · · · · · · · · · · · · · · · · ·	<b>.</b>	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. Delete	TITLE NAME Street adi City-St-Z					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADI	DRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	IP P		119.07(3)(i). Florida Statutes.		☐ Change	Addition	

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 trusted 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.

GNATURE:

SIMILION (561) 687-3151

SIGNATURE: