2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # 562806** 1. Entity Name CRACON, INC. 02-13-2001 90053 023 ***150.00 Principal Place of Business Mailing Address 4701 N FEDERAL HWY 4701 N FEDERAL HWY STE 330 POMPANO 8CH FL 33064 POMPANO BCH FL 33064 2. Principal Place of Business 3. Mailing Address NE 22 TERR 3201 NE 2501 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-1819507 Not Applicable \$8.75 Additional 32<u>3 as</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINMONT STEINHART, CONRAD K. Street Address (P.O. Box Number is Not Acceptable) 6182 N.W. 66TH AVENUE PARKLAND FL 33067 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 (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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Delete TITLE Change TITLE STEINHART, CRAIG J NAME NAME 2501 N.E. 22ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33305 CITY-ST-ZIP ST TITLE ☐ Delete TITLE NAME STEINHART, CONRAD K. NAME STREET ADDRESS 6182 NW 66TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL: 33067 TITLE Change ☐ Addition TITLE Delete WILKES, JODY NAME NAME STREET ADDRESS 6760 YOUNGMAN ROAD STREET ADDRESS CITY-ST-7IP **GREENVILLE MI 48838** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR