FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 18 1997 8:00am
Secretary of State
TALLAHASSEE, FLORIDA

DOCUMENT # 770969

1. Corporation Name
Lambda South, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: June 1983
3a. Date of Last Report: May 1996

2. Principal Place of Business	2a. Mailing Address
21 Lambda South, Inc.	26 Lambda South, Inc
Suite, Apt. #, etc.: 22 1231 a East Las Olas Blvd	Suite, Apt. #, etc.: P.O. Box 030339
City & State: 23 Ft Lauderdale, FL	City & State: 28 Ft. Lauderdale, FL
Zip: 24 33303 — Country: 25 USA	Zip: 29 33303-0339 — Country: 30 USA

4. FEI Number — Applied For ☐ — Not Applicable ☒
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Robert J. Brooks, Jr
82 Street Address (P.O. Box Number is Not Acceptable): 437 NE 1st Ave #3
83
84 City: Ft Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Robert J Brooks Jr. PRESIDENT + DIRECTOR — May 30, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President - D	☐ DELETE
NAME	Robert Brooks	
STREET ADDRESS	437 NE 1St Ave #3	
CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
TITLE	Vice President - D	☐ DELETE
NAME	Jeffrey Wells	
STREET ADDRESS	319 NE 7th Ave #B	
CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
TITLE	Secretary	☐ DELETE
NAME	Jim Feldscher - D	
STREET ADDRESS	247 SW 3Rd Ave #5	
CITY-ST-ZIP	Ft Lauderdale, Fl 33301	
TITLE	Treasurer - D	☐ DELETE
NAME	John Scott	
STREET ADDRESS	3333NE 34th St #1620	
CITY-ST-ZIP	Ft Lauderdale, Fl	
TITLE	Assistant Treasurer - D	☐ DELETE
NAME	Bradford Crompton	
STREET ADDRESS	10447 Greenwich Ct E	
CITY-ST-ZIP	Boca Raton, Fl 33428	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	At Large	☐ Change ☐ Addition
1.2 NAME	Victor Ponte	
1.3 STREET ADDRESS	2883 Riverland Rd	
1.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33312	
2.1 TITLE	At Large	☐ Change ☐ Addition
2.2 NAME	Steve Larson	
2.3 STREET ADDRESS	3101 Port Royale Blvd #322	
2.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33308	
3.1 TITLE	At Large	☐ Change ☐ Addition
3.2 NAME	Bruce Murray	
3.3 STREET ADDRESS	1617 SW 10th Ct	
3.4 CITY-ST-ZIP	Ft Lauderdale, FL 33312	
4.1 TITLE	At Large	☐ Change ☐ Addition
4.2 NAME	Jackie Brewster	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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Q. alan
6/8/97

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Brooks PRESIDENT + DIRECTOR — May 30, 1997 — (954) 776-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/96)