FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0) UNIQUE DATA SYSTEMS, INC. Principal Place of Business Mailing Address 12773 FOREST HILL BLVD. 12773 FOREST HILL BLVD. 102-B 102-R WEST PALM BEACH FL 33414 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 10/20/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0155509 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name STEINHORN, SHERRI 13328 NORTHUMBERLAND CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 WEST PALM BEACH FL 33414 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE STEINHORN, SHERRI NAME 12 NAME CR2E034 13328 NORTHUMBERLAND CIRCLE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STEINHORN, SHERRI NAME 2.2 NAME 13328 NORTHUMBERLAND CIRCLE STREET ADDRESS 23 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby cortify 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 province of the corporation or the province of the corporation or the province of the corporation of the corporation of the province of the corporation of the corporation

4/3/98

561-790-9720

Block 12 or Block 13 if changed, or on

SIGNATURE: ___

FILED