FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am Secretary of State DOCUMENT # N34110 1. Entity Name BONNET HOUSE, INC. 01-16-2001 90078 005 ****61.25 Principal Place of Business Mailing Address 900 N BIRCH RD 900 N BIRCH ROAD FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304-3326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0161955 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KAUTH, ROBERT R. 900 N BIRCH RD FT LAUDERDALE FL 33304 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITI F TITLE ☐ Delete Phillip Harbo HANDLEY, JAN NAME NAME 100 NE3 ALL, SWILL 700 STREET ADDRESS 4300 NE 25 AVE. STREET ADDRESS Fort Lander Rely F 33301 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 VicePresident Change Delete TITLE TITLE ARMOUR, CHUCK NAME aura Ward NAME 18 Castle Harbor Isle STREET ADDRESS STREET ADDRESS 501 E LAS OLAS BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 Fort Landerdon Fr 33308 Addition Change □ Delete TITLE Robert R. Kauth NAME CASTEEL, SANDY NAME 900 N. Birch Road STREET ADDRESS STREET ADDRESS 1135 N RIO VISTA BLVD. CITY-ST-ZIP Fortlander tole FC 33304 CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Change Addition TITLE Delete NAME FOLZ, CONNIE NAME STREET ADDRESS STREET ADDRESS 936 INTRACOARTA DRIVE #LF CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Addition . Change TITLE Delete TITLE NAME LALLI, JOE NAME STREET ADDRESS 1512 E. BROWN BLVD. #110 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33301 Addition ☐ Change **VP** TITI F TITLE NAME LOUISE DILL NAME STREET ADDRESS STREET ADDRESS 1100 E LAS OLAS BLVD CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33301

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

aut 1/5/01

954,523,5393 K122

Daytime Phone #