FILE NOW: FILING FEE IS \$61.25

Apr 02 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1/195000004 TROOP 181, INC. Principal Place of Business Mailing Address 4620 Santa Maria 3. Date Incorporated or Qualified 10/05/95 Coral Gables, FL 33146 4. FEI Number Applied For 65-0648611 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite Apl # etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution 22 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Country Zip Zιp Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name thomas V. Eagen, P.A. 200 S. Biscayne Blvd. Street Address (P.O. Box Number is Not Acceptable) 83 Suite 4000 Zip Code

Micmi FL 3313/

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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TATLE 1.1 TITLE ☐ Change ☐ Addition NAME Judith Eagan 4620 Santa Maria Coral Gables, FL 33146 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP 14 CrTY - ST - ZIP TITLE DELETE ☐ Change 2.1 TITLE ☐ Addition Athomas Eagan 4620 Sente Maria NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS Coral Gables, FL 33146 CITY-ST-ZIP 2 4 CITY-ST-ZIP 31 TITLE Change ☐ Addition NAME Jere Brahms 3.2 NAME STREET ADDRESS 7791 NW 14 St 3 3 STREET ADDRESS Pembroke Piner, FL 33024 CITY-ST-ZIP 3 4. CITY - ST - 2IP 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 600002476656 -04/02/98--01006--033 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***61.25 CITY-ST-ZIP 6.4 CITY - ST-7)P

14. Thereby 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 13 if changed, or or an attachment with an address.

SIGNATURE:

Judith A. Eagan 3-27-98
Date Date

CR2E037 (10/97

FILED