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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000066874 (5)**

1. Corporation Name
H.A. CUMBER OF BOYNTON BEACH, INC.

Principal Place of Business
10100 WEST SAMPLE ROAD
SUITE 210
CORAL SPRINGS FL 33065

Mailing Address
10100 WEST SAMPLE ROAD
SUITE 210
CORAL SPRINGS FL 33065-3975

3. Date Incorporated or Qualified: **08/29/1995**	3a. Date of Last Report: **05/17/1996**
4. FEI Number: **65-0623351**	☐ 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	

21 2. Principal Place of Business

22 Suite, Apt. #, etc. 205

23 City & State

24 Zip — 25 Country

26 2a. Mailing Address

27 Suite, Apt. #, etc. 205

28 City & State

29 Zip — 30 Country

9. Name and Address of Current Registered Agent

TRANTALIS, DEAN J ESQUIRE
9724 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** — 85 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 607.0505 Florida Statutes.

SIGNATURE: Dean J. Trantalis — 1/8/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUMBER, AFTAB A 10100 WEST SAMPLE ROAD, SUITE 210 CORAL SPRINGS FL 33065 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition 10100 WEST SAMPLE ROAD, SUITE 205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD CUMBER, GUL 10100 WEST SAMPLE ROAD, SUITE 210 CORAL SPRINGS FL 33065 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition 10100 WEST SAMPLE ROAD, SUITE 205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAYANI, SHAMS 10100 WEST SAMPLE ROAD, SUITE 210 CORAL SPRINGS FL 33065 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition 10100 WEST SAMPLE ROAD, SUITE 205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VP SHAMS RAYANI 1/8/97 (954)753-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #