FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 16, 2001 8:00 am **DOCUMENT # V45806 Secretary of State** 1. Entity Name LNG&K, INC. 03-16-2001 90024 033 ***150.00 Principal Place of Business Mailing Address C/O JOSEPH LANGLOIG 644 SE 4TH AVE FORT LAUDERDALE FL 33301 2646 NW 128 DR CORAL SPRINGS FL 33065 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 65-0382806 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDEN, E. SCOTT Street Address (P.O. Box Number is Not Acceptable) 644 S.E. 4TH AVE. FT. LAUDERDALE FL 33301 City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE C Celete TITLE Change LANGLOIS, JOSEPH R. NAME NAME STREET ADDRESS 2646 NW 118 DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE Delete TITLE Change ☐ Addition NAME NADEAU, MARC R. NAME STREET ADDRESS 19 REDWOOD CIR STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIF PLANTATION FL 33317 Delete ☐ Change ☐ Addition TITLE TITLE NAME GIARRATANA, GREGORY A. NAME STREET ADDRESS 2307 LANTON RIDGE CIRCLE #C-11 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME .. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

MARCR. NADEAU 3-12-2001