2004 FOR PROFIT CORPORATION

Mar 26, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State DOCUMENT # 209204** 1. Entity Name 03-26-2004 90016 019 ***150.00 CORONET REALTY CORP. Mailing Address Principal Place of Business-1300 N.W. 167TH STREET 1300 N.W. 167TH STREET 54022932 MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-1149834 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARKER, EARL M JR Street Address (P.O. Box Number is Not Acceptable) 334 E. DUVAL STREET JACKSONVILLE FL 32202 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 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. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Addition TITLE TITLE WEBB, WILLIAM C JR NAME NAME STREET ADDRESS 1300 NW 167TH STREET STREET ADDRESS MIAMI FL 33169 CITY-ST-ZIP CITY-ST-ZIP Change Change Addition ☐ Delete TITLE TITLE WEBB, WILLIAM C NAME STREET ADDRESS 1300 N W 167TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169-5738 CITY-ST-ZIP ☐ Change VTD ☐ Delete Addition TITLE WEBB, DANIEL B NAME NAME STREET ADDRESS STREET ADDRESS 3600 VINELAND RD., SUITE 101 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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 607, 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

NATURE AND TYPED OF PRINTED NAME

THE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: #

SIGNING OFFICER OR DIRECTOR

3-24-04 305-624-8585

☐ Change

Addition

FILED