2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 209601 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name WARD CITY INC 04-26-2000 90213 049 ***150.00 Principal Place of Business Mailing Address % GORDON HAAG & ELIZABETH % Gordon Haag & Elizabeth 169 N.W. 44TH ST. 169 N.W. 44TH ST. FT. LAUDERDALE FL 33309-3923 FT. LAUDERDALE FL 33309-0923 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0837407 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAAG, GORDON E. Street Address (P.O. Box Number is Not Acceptable) 4560 N.W. 3RD AVE. FT. LAUDERDALE FL 33309 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) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Addition ☐ Delete TITLE ☐ Change TITLE HAAG. ELIZABETH J NAME NAME STREET ADDRESS STREET ADDRESS 4560 N.W. 3RD AVE. CITY-ST-ZIP FORT LAUDERDALE, FL00000 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAAG, ELDON D NAME NAME STREET ADDRESS STREET ADDRESS 181 NW 45TH STREET CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL00000 ☐ Change Addition TITLE ☐ Delete TITLE HAAG, GORDON E NAME NAME STREET ADDRESS STREET ADDRESS 4560 N.W. 3RD AVE CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE, FL00000 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR