2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 16, 2001 8:00 am Secretary of State **DOCUMENT # 216928** 1. Entity Name LAP CORP 03-16-2001 90067 044 ***150.00 Principal Place of Business Mailing Address BERNIE C LANE BERNIE C LANE 6105 S W 55 COURT 6105 S W 55 COURT UUU4JJJ1 FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314 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 59-0882983 Not Applicable \$8:75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANE, BERNY C Street Address (P.O. Box Number is Not Acceptable) 6105 SW 55 COURT FORT LAUDERDALE FL 33314 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PD Delete TITLE NAME LANE, BERNY C NAME STREET ADDRESS STREET ADDRESS 6105 SW 55TH CT. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FI ☐ Change Addition TITLE **Delete** TITLE NAME NAME ROWELEPHILLIP STREET ADDRESS STREET ADDRESS 3-NEWTON-LN. CITY-ST-ZIP CITY-ST-ZIP HUNTINGTON-STATE NY Change Addition TITLE Delete TITLE NAME NAME LANE, KATHY STREET ADDRESS STREET ADDRESS 6105 SW 55TH CT. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition TITLE TITLE ☐ Delete LANE, KATHY)-10-1-10 NAME NAME STREET ADDRESS STREET ADDRESS 6105 SW 55TH CT. CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition Change TITLE □ Delete TITLE NAME_s NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.14, 2001