DOCUMENT # 308744  1. Entity Name VRANA PROPERTIES INC	FILED Apr 30, 2001 08:00 AM Secretary of State					
Principal Place of Business 4405 OCEAN DRIVE  LAUDERDALE BY THE SEA FL 33308 US	Mailing Address 1180 N. FEDERAL HWY. C/O MACK'S GROVES, INC POMPANO BEACH 33062	FL US				
2. Principal Place of Business	3. Mailing Address		-		-	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State POMPANO BEACH			<del>  -   -  </del>	oplied For	
Zip Country	Zip 33062	Country us	5. Certificate of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current	Registered Agent		7. Name and Address of New			
MASSINGILL JOAN 2731 NE 10 ST		Name Street Address	(P.O. Box Number is Not Acceptat	ole)		
33062 US	FL	City		FL Zip Cod	e	
8. The above named entity submits this statement for SIGNATURE  JOAN MASSINGILL  Signature, typed or printed name of registered agent  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	and title if applicable. (NOTE	Registered Agent signature requi	ed when reinstating)  10. Election Campaign F	04/30/2001 DATE Financing \$5.0	<b>0</b> May Be	
11. OFFICERS AND	.505	12.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE P NAME VAN MIDDELEM ERIC C. I STREET ADDRESS 1180 N FEDERAL HWY CITY-ST-ZIP POMPANO BEACH	Delete  FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	E034 (11/00)
TITLE VP NAME CHESHIER, DARLA STREET ADDRESS 227 CORSAIR ST. CITY-ST-ZIP LAUDERDALE BY SEA	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change		CR2
TITLE S NAME MASSINGILL, JOAN V. STREET ADDRESS 2731 NE 10 STREET CITY-ST-ZIP POMPANO BEACH	☐ Delete  FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE VT  NAME VRANA, EVA F.  STREET ADDRESS 4405 OCEAN DRIVE  CITY-ST-ZIP LAUDERDALE BY THE SEA	☐ Delete  FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
NAME VRANA,EDWARD J STREET ADDRESS 4405 OCEAN DRIVE CITY-ST-ZIP LAUDERDALE BY THE SEA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empedanged, or on an attachment with an address,      SIGNATURE:	strue and accurate and that mo owered to execute this report a with all other like empowered.	ry signature shall have the	s coma legal offect on if made unde	u anthi that I am na afficac	ar director I	