FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State May 01 1996 8:00 am 1996 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # (3)P.D.M. CORP. Principal Place of Business Mailing Address 4100 N. HILLS DR. 4100 N. HILLS DR. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1969 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-1234776 Suite. Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Z_{1D} Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEINBERG, MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 4100 N. HILLS DR. 83 HOLLYWOOD FL 33021 84 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typed or printed name of registered agent all into diadeoug thille. Budsterer April signature requestion CR2E034 (12/95) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THILE DELETE 1 LITTLE PΩ Change Addition NAME FEINBERG, MICHAEL 1.2 NAME STREET ADDRESS 4100 N HILLS DR 1.3 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 14 CH + - ST - ZIP TIFLE DELETE 2 1 TH: f Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CHY-ST-ZIP TITLE DELETE 3 1 TIFLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - 7/F TITLE DELETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE 5 1 TITLE □ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELFTE TITLE Change 6 1 T-TLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-7/P 6.4 City - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this angust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachmisp) with an address

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: