FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 365570 (1)

1. Corporation Name

PENSION MASTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1011 IVES DAIRY ROAD SUITE 107 MIAMI FL 33179 US	1011 IVES DAIRY ROAD SUITE 107 MIAMI FL 33179 US

2. Principal Place of Business	2a. Mailing Address
21 2841 Hollywood Blvd	26 2841 Hollywood Blvd.
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 Hollywood FL	City & State 28 Hollywood FL
Zip 24 33020 Country 25	Zip 29 33020 Country 30

3. Date Incorporated or Qualified: 06/15/1970
3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-1301050 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOREVITZ, MARK
1011 IVES DAIRY ROAD
SUITE 107
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2841 Hollywood Blvd
83
84 City Hollywood FL 85 Zip Code 33020

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	ANKNER, RAYMOND	
STREET ADDRESS	180 E. PEARSON	
CITY-ST-ZIP	CHICAGO IL	
TITLE	C	☒ DELETE
NAME	VANDERPLOEG, MARK J.	
STREET ADDRESS	801 MONROE AVENUE N.W.	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	P	☐ DELETE
NAME	HOREVITZ, MARK	
STREET ADDRESS	1011 IVES DAIRY ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	☐ DELETE
NAME	HANSEN, JOHN JR.	
STREET ADDRESS	801 MONROE AVENUE N.W.	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2841 Hollywood Blvd	
3.4 CITY-ST-ZIP	Hollywood FL 33020	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E Hansen Jr. Sec/Treas 1/29/96 (616) 459-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John E. Hansen Jr.