2004 FOR PROFIT CORPORATION

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORMAN, CHARLES	(11/03) Appli Not A \$8.75 Addition Fee Required	lied For Applicable
Principal Place of Business 508 N. ANDREWS AVE. FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address FORT LAUDERDALE FL 33301 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Country Country Country Country Country A. FEI Number Sp-1355431 FORMAN, CHARLES O5 MAY 10 PM 2: 00 SECHETARY OF STATE FALL AllASSEE, FLORIDA ANDREWS AVE. FORT LAUDERDALE FL 33301 FORMAN, CHARLES	(11/03) Appli Not A \$8.75 Addition Fee Required	Applicable
Principal Place of Business 508 N. ANDREWS AVE. FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 407 N. Andrews Ave. FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 407 N. Andrews Ave. Fort Lauderdale FL 33301 2. Principal Place of Business 3. Mailing Address 407 N. Andrews Ave. FL ORIDA Suite, Apt. #, etc. City & State FH Laud FL Zip Country Country Zip 33301 Country A. FEI Number 59-1355431 5. Certificate of Status Desired FR Rame FORMAN. CHARLES	(11/03) Appli Not A \$8.75 Addition Fee Required	Applicable
2. Principal Place of Business 3. Mailing Address 40 1 N. Amareus Ave Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State FH Land Country Zip 33301 Country 6. Name and Address of Current Registered Agent Name TORMAN, CHARLES	(11/03) Appli Not A \$8.75 Addition Fee Required	Applicable
Suite, Apt. #, etc. MOORE CR2E034 City & State FLoud FL Zip Country Zip 33301 Country Sign Country Country A. FEI Number 59-1355431 Country Sign Country A. Sign Country Sign Country A. Sign Country Sign C	Not Appli	Applicable
Suite, Apt. #, etc. MOORE CR2E034 City & State FLoud FL Zip Country Zip 33301 Country Sign Country Country A. FEI Number 59-1355431 Country Sign Country A. Sign Country Sign Country A. Sign Country Sign C	Not Appli	Applicable
City & State City & State FH Land Country Shown and Address of Current Registered Agent FORMAN, CHARLES City & State FH Land FORMAN Country Country Country Country Shown and Address of New Registered Agent Name Name	Not Appli	Applicable
Zip Country Zip 33301 Country USA. 5. Certificate of Status Desired September 1. Name and Address of New Registered Agent Name FORMAN, CHARLES	Not A \$8.75 Addition Fee Required	Applicable
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORMAN. CHARLES	Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORMAN, CHARLES		onal
FORMAN, CHARLES	(gent	
FORMAN, CHARLES		
320 NW THIRD AVE. OCALA FL 32670 Street Address (P.O. Box Number is Not Acceptable)		
City	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. I am fa	amiliar with, ar	nd accept
the obligations of registered agent.	,	
SIGNATURE & (Navles forman 4/1.	5/200	25
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) UATE	 _	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.		May Be o Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS I	IN 11
TITLE PD Delete TITLE 100054751231 NAME BOYD, WILLIAM SCOTT NAME 05/19/0501/002021 **15	Change	Addition
NAME BOYD, WILLIAM SCOTT STREET ADDRESS 608 N. AND DETAINS AVE.	50.00	
STREET ADDRESS 508 N. ANDREWS AVE. CITY-ST-ZIP FT. LAUDERDALE FL STREET ADDRESS CITY-ST-ZIP		
ITTLE STD Delete ITTLE	☐ Change	Addition
NAME , FORMAN, WALTER H. NAME	_ ,	_
STREET ADDRESS 6525 S. FLAGLER DR. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP		
	☐ Change	☐ Addition
TITLE D Delete TITLE [NAME FORMAN, CHARLES R.		L) Accinon
STREET ADDRESS 320 NW 3RD DR. STREET ADDRESS		
CITY-ST-ZIP OCALA FL CITY-ST-ZIP		
TITLE Delete TITLE NAME	Change	Addition
STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		
TITLE TITLE TITLE	Change	Addition
NAME STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP CITY-ST-ZIP		
THILE Delete THILE	☐ Change	Addition
NAME NAME		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	•	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further cert	rtify that the inf	formation
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 a 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	am an officer of	or director Block 11 if
changed, or on an attachment with an address, with all other like empowered	asidi	1700
SIGNATURE: X /// Mian / Cott ford William & Coll 4/15/2005	17170	レカイト

Daytime Phone #