FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

SUBSEQUENT
CORPORATION
ANNUAL REPORT
Amended 1995

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

APPROVED
AND
FILED

95 JUL 14 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 413366

1. Corporation Name
SOUTHERN TRANSMISSION, INC.

100001540611
-07/18/95--01105--011
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE.

Principal Place of Business
1543 S. W. 40TH AVE
FORT LAUDERDALE, FL 33317-6405

Mailing Address (SAME)

3. Date Incorporated or Qualified: NOV. 22, 1972
3a. Date of Last Report: APRIL 26, 1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1428631 ☐ 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

10. Name and Address of New Registered Agent

81 Name: ARVIN L. STEINBERG
82 Street Address (P.O. Box Number Is Not Acceptable): 1995 E. OAKLAND PARK BLVD.
83: SUITE 300
84 City: FORT LAUDERDALE FL 85 Zip Code: 33306

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: [signature] ARVIN L. STEINBERG, ATTORNEY AT LAW 6/22/95
Signature, if any, of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	P/T/D	☑ Change ☐ Addition
NAME		1.2 NAME	LEROY MONSKY	
STREET ADDRESS		1.3 STREET ADDRESS	11327 LAKEVIEW DRIVE	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		2.1 TITLE	V/S/D	☑ Change ☐ Addition
NAME		2.2 NAME	JAMES FREEMAN	
STREET ADDRESS		2.3 STREET ADDRESS	11440 N.W. 18TH MANOR	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		3.1 TITLE	[redacted]	☐ Change ☐ Addition
NAME		3.2 NAME	[redacted]	
STREET ADDRESS		3.3 STREET ADDRESS	[redacted]	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	[redacted]	
TITLE		4.1 TITLE	D	☑ Change ☐ Addition
NAME		4.2 NAME	ALLEN SHAPPE	
STREET ADDRESS		4.3 STREET ADDRESS	17400 N.E. 12 CT.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

AA 7/14

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)(i), 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: X [signature] LEROY MONSKY, PRESIDENT 6/23/95 791-6000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #