FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Joel Mr

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 FEB 18 AM 9: 45 DOCUMENT # 542501 SECRETARY OF STATE TALLAHASSEE. FLORIDA FRC INVESTMENTS, INC. Principal Place of Business Mailing Address LEGAL DEPT.. 8TH FLOOR LEGAL DEPT., 9TH FLOOR 2001 S. BAYSHORE DRIVE 2601 S. BAYSHORE DRIVE DO NOT WRITE IN THIS SPACE MIAMI FL 33131-5461 MIAMI FL 33131-5461 3. Date Incorporated or Qualified 07/29/1977 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1756844 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name GOLDMAN, JOEL K LEGAL DEPT., 9TH FLOOR Street Address (P.O. Box Number is Not Acceptable) 62 2601 S. BAYSHORE DRIVE 100002436771---02/20/98--01103--008 83 MIAMI FL 3313--5461 84 ****158. ##### SP##75 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. • 13. DELETE TITLE 1.1 TITLE Addition NAME JEFFREY, THOMAS W. 1.2 NAME 2601 S. BAYSHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition VAS TITLE 2.1 TITLE LANGLEY, MARCIA H. NAME 2.2 NAME 2601 S. BAYSHORE DRIVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change VT FISCHER, JOHN H. 3.2 NAME 2601 S. BAYSHORE DRIVE 3.3 STREET ADDRESS STREET ADORESS MIAMI FL CITY-\$T-2IP 3.4. CITY-ST-ZIP DELETE VDCAS Change K Addition **VDCS** 4.1 TITLE TITLE Cook, Paula CARLETON, CALLIS N. NAME 4.2 NAME 2601 S. Bayshore Drive 2601 S. BAYSHORE DRIVE STREET ADDRESS 4.3 STREET ADDRESS Miami, Florida 33133 MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP X Addition DELETE Change TITLE 5.1 TITLE Laguardia, John GOLDMAN, JOEL K. 5.2 NAME 2301 S BAYSHORE DR 2601 S. Bayshore Drive STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL 5.4 CITY-ST-ZIP Miami, Florida 33133 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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.

365- 859-4000