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Secretary of State

04-27-1999 90127 038 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **546662**

1. Corporation Name
FEDEREX, INC.

Principal Place of Business	Mailing Address
P O BOX 640600 NORTH MIAMI BEACH FL 33164	P O BOX 640600 NORTH MIAMI BEACH FL 33164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/15/1977

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1806209 ☐ 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 owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMAS, WALLACE K., JR.
1600 NE MIAMI GARDENS DR., 2ND FL.
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: Thomas, Wallace K., Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 17260 N.E. 19 Ave
83
84 City: Miami Beach FL 85 Zip Code: 33162

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: William K. Thomas Jr. 4-23-99
Signature, typed or 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, WALLACE K JR		1.2 NAME		
STREET ADDRESS	17260 NE 19TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33164		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, WILLIAM P		2.2 NAME		
STREET ADDRESS	17260 NE 19TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33164		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, TAMARA S		3.2 NAME		
STREET ADDRESS	17260 NE 19TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33164		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: William K. Thomas Jr. Wallace K. Thomas, Jr. 4-23-99 (305)888-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)