2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # 562446 KRUTEK & ASSOCIATES, INC. 01-25-2000 90054 001 \*\*\*150.00 Mailing Address Principal Place of Business 3170 N FEDERAL HWY 3170 N FEDERAL HWY SUITE 100 SUITE 100 LIGHTHOUSE PT FL 33064-6721 LIGHTHOUSE PT FL 33064-6700 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1806650 ایا یہ الوق Applicate Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRUTEK, JACK H. Street Address (P.O. Box Number is Not Acceptable) 2823 N. E. 35 COURT LIGHTHOUSE POINT FL 33064 City Zip Code for the purpose of changing is registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITI F Change ☐ Addition Defete TITLE MAME NAME Krutek, Jack H STREET ADDRESS 2823 N.E. 35TH COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LIGHTHOUSE PT FL 33064 Change Addition | TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 ☐ Change ☐ Additior Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE HOMEHOUSE IN TO THE TITLE NAME COSS WE REMOVED. NAME STREET ADDRESS STREET ADDRESS 11.30% (NEXCH) CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Additior TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 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 11 or Block 12 if il other like empowered. changed, or on an attachment with an addless, with

SIGNATURE: