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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham annual report Secretary of State FILED DIVISION OF CORPORATIONS 1997 97 JUN -9 AH 9: 15 DOCUMENT # 669508 SECRETARY OF STATE City side, forc TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2903 Simins St. P.O. Box 220813 1/2/1/4wood, 12.33022-0813. Date Incorporated or Qualified Hollywood, Pl 33020 3a. Date of Last Report 05/08/80 4/15/96 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1997219 Not Applicable 21 26 Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 28 Trust Fund Contribution 23 Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Finiten, R.H. Po. Boy 220813 Hollywood, 12033022-0813 вз 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. Thereby 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. DELETE ☐ Change ☐ Addition TITLE Proper 220813 Molyword, 16 33022-0813 1.2 NAME NAME MA STREET ADDRESS 1.4 CITY - ST - 7:P CITY-ST-ZIP DELETE Change Addition TITLE 2 1 1IILF FINGER Phy 11.3 P. J. Box 2208 (3 2.2 NAME NAME STREET ADDRESS Holywood, 160. 33022-0813 2 4 CITY ST-ZIP CITY-ST-ZIP DELETE 3 1 1011 TITLE ****165.(E) ****165.00 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-S1-7/P CITY ST-ZIP DELETE Change Addition 4.1 HHE ME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZP CITY - ST - ZIP DELETE Change Addition 5.1 HTLF TITLE 5.2 NAMI 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 61 1015 6.2 NAME NAME 6.3 STREET ADOPESS STREET ADDRESS 64 City St. 7P 14. I do 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 frue and accurate and that my signature shall have the same logal effect as if made under early 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. Richard H. Firiber 5/11/97 SIGNATURE: