*NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Apr 23 1997 8:00 am
Secretary of State

DOCUMENT # 706532 (9)

1. Corporation Name

THE CAMBRIDGE, INC.

Principal Place of Business	Mailing Address
c/o Summit Prop. Mgt. P.O. Box 189013 Plantation, FL 33318 USA	c/o Summit Prop. Mgt. P.O. Box 189013 Plantation, FL 33318 USA

3. Date Incorporated or Qualified: 12/10/1963
3a. Date of Last Report: 04/1996

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

4. FEI Number: 59-1115926 ☐ 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

Summit Property Management, Inc.
6289 W. Sunrise Boulevard
Suite 202
Sunrise, FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Blvd.
83 Suite C-100
84 City: Plantation FL 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Gail H. Sangunett Gail H. Sangunett, V.P. - Administration 4/3/97
Signature, typed or printed, name of registered agent (if other than applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Aliferis, Greg 2900 NE 33rd Ct., #201 Ft. Lauderdale, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Koehler, David 2900 NE 33rd Ct., #604 Ft. Lauderdale, FL ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kennedy, Sharon 2900 NE 33rd Ct. Ft. Lauderdale, FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mocciola, Mimi 2900 NE 33rd Ct., #402 Ft. Lauderdale, FL ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002156392 -04/28/97--01034--012 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tetti, Bill 2900 NE 33rd Ct., #204 Ft. Lauderdale, FL ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/04/22/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Perron, Yvon 2900 NW 33rd Ct., #502 Ft. Lauderdale, FL ☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Mullins ☐ Change ☑ Addition [redacted]er, Kevin 2900 NE 33rd Ct., Ft. Lauderdale, FL

CR2E037 (9/96)

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 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 617, Florida Statutes; and that my name appears in Block 12.

SIGNATURE: Mimi Mocciola 4/11/97 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
Mimi Mocciola