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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 706532 (9)

1. Corporation Name
THE CAMBRIDGE, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]
P.O. BOX 189013	P.O. BOX 189013
PLANTATION FL 33318	PLANTATION FL 33318
US	US

3. Date Incorporated or Qualified: 12/10/1963

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

[redacted]
4450 W. SUNRISE BLVD.
SUITE C-100
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name: Castle Property Services Group, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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: [signature] Gail H. Sangunett, Vice President - Administration 2/4/98
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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOEHLER, DAVID		1.2 NAME		
STREET ADDRESS	2900 N.E. 33RD CT. #503		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALIFERIS, GREG		2.2 NAME		
STREET ADDRESS	2900 N.E. 33RD. CT. #603		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOCCIOLA, MIMI		3.2 NAME		
STREET ADDRESS	2900 NE 33 CT APT 304		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, SHARON		4.2 NAME		
STREET ADDRESS	2900 NE 33RD, CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TETTI, BILL		5.2 NAME		
STREET ADDRESS	2900 NE 33R CT, #204		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MULLINS, KEVIN		6.2 NAME		
STREET ADDRESS	2900 NE 33RD CT.,		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Greg Aliferis, President 2/4/98 (954) 792-6000