APPROVED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 97 AUG - 1 AM 9: 39 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # F41207 (4) RESERVE ENERGY, INC. Principal Place of Business Mailing Address 5100 TOWN CENTER CIRCLE 5100 TOWN CENTER CIRCLE SUITE 560 SUITE 560 **BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33486** 3. Date Incorporated or Qualified 3s. Date of Last Report <u>08/20/1981</u> 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4156 BRYNWOOD DR. Suite, Apt #, etc. 4156 BRYNWOOD 59-2125493 Not Applicable \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be z 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 3411 34119 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Braverman, neil K. 5100 TOWN CENTER CIRCLE, SUITE 560 Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33486** 83 85 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4) DELETE TITLE 1.1 TITLE ☐ Change Braverman, neil K NAME 1.2 NAME 4832 CHAMAL CIRCLE STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 002259**69@-**08/06/97--01098--015 ****165.00 ****165.(DELETE TITLE 2.1 TITLE NAME 2.2 NAME ****165.00 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - ST - ZIP DELETE Change Addition TITLE 6.1 TITL€ NAME 6.2 NAME

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 eath; 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. In Sulla Course to carry a 2

6.3 STREET ADDRESS 64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

71. -127