DOCUMENT # F9800004659. 1. Entity Name AEC ONE STOP GROUP, INC.				-	Apr 28, 2000 8:00 am Secretary of State 04-28-2000 90063 046 ***158.75		
Principal Place of Business		Mailing Address					
4250 CORAL RIDGE DRIVE CORAL SPRINGS FL 33065		4250 CORAL RIDGE DRIVE CORAL SPRINGS FL 33065-7616			80077955		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	Ē	
City & State		City & State		4.	FEI Number 65-0856338	Applied For Not Applicable	
Zip	Country	Zip	Country	5.		75 Additional Required	
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registered Agent		
				Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street	Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525							
			City	_	FL Z	ip Code	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office	or registered ag	gent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Agent sign	ature required when r	reinstating) DATE		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 ke Check Payable to Department of Stat		(((dati did Continutton) — Adada to (dea (
11.	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
TITLE	СР	☐ Delete	TITLE	D/P	-	Change	
NAME STREET ADDRESS CITY-ST-ZIP	WEISMAN, ERIC 4250 CORAL RIDGE DRIVE CORAL SPRINGS FL 33065		NAME STREET ADDRESS CITY-ST-ZIP	4250	Weisman, Eric S. 4250 Coral Ridge Drive Coral Springs, FL		
TITLE	VS	□ Delete	TITLE	D		Change XAddition	
NAME	LEWIS, MUSLIMA		NAME		le, Ronald	į	
STREET ADDRESS	4250 CORAL RIDGE DRIVE		STREET ADDRESS	1 2120	W. Sunset Blvd.		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		Angéles, CA 90069	Change X Addition	
TITLE NAME	vt Hawthorne, David	□X Delete	TITLE NAME	T	kin, Lonnie	mangeas-domon	
STREET ADDRESS	4250 CORAL RIDGE DRIVE		STREET ADDRESS		Coral Ridge Drive		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		1 Springs, FL 33065		
TITLE		☐ Delete	TITLE	V		Change X Addition	
NAME			NAME STREET ADDRESS		, Peter		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	1 4200	Coral Ridge Drive 1 Springs, FL 33065		
TITLE			TITLE	V		Change K Addition	
NAME			NAME	Tuch	man, Alan	}	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		Coral Ridge Drive	ĺ	
CITY-ST-ZIP					1 Springs, FL 33065	Change X Addition	
TITLE NAME		☐ Delete	TITLE NAME	V	agna, George	Hange Livenson	
STREET ADDRESS			STREET ADDRESS	4250	Coral Ridge Drive	}	
CITY-ST-ZIP			CITY-ST-ZIP	Cora	1 Springs, FL 33065		
13. hereby	certify that the information supplied with	this filing does not qualify for t	he exemption st	ated in Section	119.07(3)(i), Florida Statutes. I further certify the	at the information	

13. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MUSIT I MA LEW IS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-2000 UNIFORM BUSINESS REPORT (UBR)

4/20/00

954-255-4066

Daytime Phone #