FILED Apr 30, 2003 8:00 am

2003 FOR PROFIT CORPORATION IINIEADM BIIGINEGG DEDART /IIRD\

| Citi Citi Docinedo Ner Citi (CDII) | | | | | | | | | | | COL | 4 |
|---|---------------|------------------------|---|---|-------|-------------|---|---|---|-------------|-----------|-------------------------------|
| DOCUMENT # G17306 1. Entity Name WORLD OMNI FINANCIAL CORP. | | | | | | | | Secretary of State 04-30-2003 90168 033 ***150.00 | | | | |
| Principal Place of Business 190 N.W. 12TH AVE. DEERFIELD BEACH FL 33442 | | | Mailing Address 111 NW 12TH AVE LEGAL DEPT. JMFDF 018 DEERFIELD BEACH FL US | | | | | | | | | |
| 2. Principal Place of Business 1905 IM MORAN BLVD | | | | 3. Mailing Address 100 JIM MORAN BLVD | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. LEGAL MAILDROP TMF | | | 18 | ☐ CHECK HERE IF MAKING CHAI | | | | |
| DEFZ- | IELD | BEACH FL | Det | SETTEZI) | Bej | 20Hf | 2 | 4. FE | 59-2238832 | <u> </u> | | Applied For Not Applicable |
| 304 | 42 | Country USA | Zip | 3342 | Coun | 30- | | 5. Ce | rtificate of Status Desired | | \$8.75 A | idditional |
| | 6. Name | and Address of Current | Register | ed Agent | | ļ. <u>.</u> | | 7. Na | me and Address of New F | Registered | Agent | |
| | | | | | | Name | | | | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD | | | | | | | eet Address (P.O. Box Number is Not Acceptable) | | | | | |
| - | | | | | | | | | | | | |
| PLANTATION FL 33324 | | | | | | | | | | | | |
| | | | | | | City | | | | FL | Zip Co | ode |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accepted obligations of registered agent. | | | | | | | | | | | | h, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | : | 9. Election Campaign Fin Trust Fund Contribution | | | .00 May Be ded to Fees |
| 10. OFFICERS AND D | | | |)RS | 11. | | | ADDI | TIONS/CHANGES TO OFF | ICERS AN | D DIRECTO | DRS IN 11 |
| TITLE NAME | P Burns, B | RENT | | ☐ Delete | TITLE | | DP | N5 | BRENT D | | Change | e Addition |
| STREET ADDRESS | 100 NW 1 | 2TH AVE | | | STRE | ET ADDRESS | 100 | 3 | MORAN BL | VD | | 1.6 |
| CITY-ST-ZIP | DEERFIEL | D BEACH FL 33442 | | | CITY | -ST-ZIP | DEE | 305 | BUD BEACH | 4-5-6 | ころろ | 442_ |
| TITLE | VPT | | | ☐ Delete | TITLE | | VPT | | 1 00 | | Change | e |
| NAME | | CK, PATRICK C | | | NAM | E | 0551 | ZMF | DECK, PATRI | CKC | 7.4 | |
| STREET ADDRESS | 100 NW 1 | | | | STRE | ET ADDRESS | 110De | SIM | MORANIOLV | D | | 12: |
| CITY-ST-ZIP | DEERFIEL | D BEACH FL 33442 | | | CITY | -ST-ZIP | DEE | 72F | ELD BEACH | -+- | 334 | 42 _ |
| TITLE | VPGM | | | Delete | TITLE | | 1V 1 6 | 57 M | | | Change | e 🔲 Addition |
| NAME | HERVEY, (| ONEY A | | | NAM | E | HER | Z.JE | 4, ONEY | ~ | | |
| STREET ADDRESS | 100 NW 1 | 2TH AVE | | | | et address | 100 | JIM- | MORANTOLU | D | | |
| CITY-ST-ZIP | DEERFIELD | D BEACH FL 33442 | | 12.1 | CITY | -ST-ZIP | FOR | ALS | SPRINGS FL | <u>- 33</u> | 742 | |
| TITLE | VGC | | | Delete | TITLE | | 14/1/2 | , , | • | _ | Change | e 🔲 Addition |
| NAMÉ | | , JAMES W | | | NAM | | MAM | 1100 | K. JAMES V | | | |
| STREET ADDRESS | 100 NW 12 | | | | | ET ADDRESS | 1200 | W. | M MORATURA | V U | | , |
| CITY-ST-ZIP | Deerfield | D BEACH FL 33442 | | | CITY- | -ST-ZIP | DEE | =72.F | IELD BEA | CH F | -4 7 | 3442 |

12. 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 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 10 or Block 11 if changed, or on an attach address, with all other like empowered.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

WHELAN, JOHN J

DAVIS, BRUCE L

100 NW 12TH AVE

VHRO

100 NW 12TH AVE

DEERFIELD BEACH FL 33442

DEERFIELD BEACH FL 33442

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

DHELAN JOHN J. 200 J.M MORAN BLUD

DEBRFIELL

33442

☐ Addition

Addition

Change

Change