BECONG NOTICE: COMPORATION WILL BE DISSOLVED ON OR AFTER AMBIDET 9, 1966 AMBURT SUE ON OR BEFORE NAME: \$214 (IF DISSOLVED, MINIMUM AMBURT DUE TO REMISTATE: \$376 PROFIT CORPORATION PLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1995 DIVISION OF CORPORATIONS **DOCUMENT # G54072** 1995 AUG -3 AM 9: 18 (5)SOUTH FLORIDA TIE BEAM, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 216 S.E. 4 TERRACE 216 S.E. 4 TERRACE DANIA FL 33004 DANIA FL 33004 DO NOT WRITE IN THIS SPACE. 3a. Date of Last Report 3. Date Incorporated or Qualified 08/05/1983 4. FEI Number 05/01/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-2318816 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation has liability for intengible tax under s. 199 032. Yos 24 25 29 30 Florida Statutes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUSHING, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 82 216 SE 4 TERRACE DANIA FL 33004 City Zip Code 65 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) (3/95)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. THILE 1. 1 TITLE Change __ Addition PTD NAME 1.2 NAME CR2E034 RUSHING, JAMES R. STREET ADDRESS 216 S.E. 4 TERRACE 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHY-ST-ZIP DANIA FL Addition Change 2.1 TODE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 C(TY - ST - Z(P TIFLE 3.1 TITLE Change Addition NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-7IP Change Addition TITLE 4.1 THILE 4.2 NAME NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition 5 1 TITLE TITLE 5.2 NAME PLANT STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 54 CITY - ST - ZIP Change Addition TITLE 6 I TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY+ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X

MATURE AND TYPED ON PRINTED HAME OF BIONING OFFICER OF DIRECTOR

7-31-95