FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION SANCER B. MINISTERN ANNUAL REPORT SECRETARY OF STATE CORPORATIONS Secretary of State 1995 DIVISION OF CORPORATIONS DOCUMENT # H15817 (0)95 AUG -9 PM 12: 02 SEAWORTHY DEVELOPMENT, INC. Principal Place of Business Making Address C/O DAVID HENDRY C/O DAVID HENDRY 1323 S.E. 17TH STREET. SUITE #202 1323 S.E. 17TH STREET. SUITE #202 DO NOT WRITE IN THIS SPACE. FORT LAUDERDALE FL 33316-1707 FORT LAUDERDALE FL 33316-1707 3. Date incorporated or Qualified 3a. Date of Last Report 07/31/1984 08/05/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-2532212 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under S. 199.032, ☐ Yes ☐ No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name HENDRY, DAVID Street Address (P.O. Box Number is Not Acceptable) 82 1323 S.E. 17TH STREET, SUITE #202 83 FORT LAUDERDALE FL 84 City 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 farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition TITLE T. 1 TEFLE HENDRY, DAVID NAME 1.2 NAME 1323 S.E. 17TH ST. #202 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CHY-51-ZIP 1.4 CITY - ST - ZIP TITLE 21 THILE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ___ Addition Change TITLE 3.1 TITLE 3.2 NAME HAME 3.3. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP Addition Change 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 City-S1-2(P Addition Change TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY - ST - ZIP CITY - ST - ZIP Addition Change TITLE 0.1 TITLE 62 NAME STREET ADDRESS 6.3 STREET ADDRESS D4 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 officer as if made under early that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 15 in changed, or on an attachment with an address.

AND TYPED ON PHINTED HAME OF GIOVING OFFICER OR DIRECTOR

0225553 CP