FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00 Apr 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham . Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J25512 (1) P.F.C. CHARTER, INC. Principal Place of Business Mailing Address 346 ASHLAND AVE. 1160 S. MCCALL RD. RIVERFOREST IL 80305 DO NOT WRITE IN THIS SPACE ENGLEWOOD FL 34223 3. Date Incorporated or Qualified 07/22/1986 2. Principal Place of Business 2a. Mailing Address Applied For 33-0446269 Not Applicable 21 26 Suite. Apt. #. etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired. Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 29 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCLENNON, THOMAS P. 1160 S. MCCALL RD. 82 83 ENGLEWOOD FL 34223 MEYERS 11. Jursuant 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 objection 607.0505, Florida Statutes. SIGNATURE red when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1,1 TITLE Change ___ Addition NAME CIBULA, PATRICK 1.2 NAME **CR2E034** STREET ADDRESS 348 ASHLAND 1.3 STREET ADDRESS RIVER FOREST II CITY-ST-ZIP 1.4 CITY-ST-ZIP VICE PRES. MICHAEL BANGERT DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 26740 HICKORY BLVD STREET ADDRESS 2.3 STREET ADDRESS BONITA SPAINS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 annual report or suppliemental annual 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or Block 16 or Block 16 or Block 17 or Block 17 or Block 17 or Block 18 or Block 19 or Bloc

SIGNATURE: