FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT. **FILED** CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT May 01 1996 8:00 am DIVISION OF CORPORATIONS 1996 Secretary of State **DOCUMENT** # J41226 (8) MONTVERDE HILLS CORPORATION Mailing Address Principal Place of Business 5601 WINDHOVER DR 5601 WINDHOVER DA ORLANDO FL 32819 ORLANDO FL 32819 3a. Date of Last Report 3. Date Incorporated or Qualified ___11/03/1986 4. FEI Number 05/01/1995 Applied For 2a. Mailing Address Not Applicable 59-2745605 2. Principal Place of Business \$8.75 Additional 26 21 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required Suite, Apt. II, etc. 27 \$5.00 May Be 6. Election Campaign Financing 22 City & State Added to Fees Trust Fund Contribution City & State 8. This corporation has liability for intangible tax under s 199.032, 28 23 Country Zio Yes No Country Florida Statutos Ζiρ 30 10. Name and Address of New Registered Agent 29 25 9. Name and Address of Current Registered Agent Name Street Ackdress (P.O. Box Number is Not Acceptable) MARDER, MICHAEL 100 WEST CYPRESS RD. 83 Zip Code SUITE 700 City 64 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. (NOTE: Projectored Agent agreeture inquirie) when reliestating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 SIGNATURE Signature, typod or printed name of registered agent and title if applicable 13. ☐ Change ☐ Addition OFFICERS AND DIRECTORS 12. 1. 1 THILE DELETE TITLE 1.2 NAME SIEGEL, DAVID NAME 1.3 STREET ADDIRESS 5601 WINDHOVER DR STREET ADDRESS 1.4 CITY - SI - ZIP ☐ Change ☐ Addition ORLANDO FL 32819 CATY - ST - ZIP DELLIL 2 1 TILLE IIILE 2 2 NAME SIEGEL, BETTIE 2.3 STREET ADDRESS 5601 WINDHOVER DR STREET ADDRESS 2.4 CHY-S1-7IP ☐ Addition Change ORLANDO FL 32819 CITY-ST-ZIP DELETE 3. 1 HILE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - 7/P Addition Change CITY-ST-ZIP DELETE 4 I TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS ☐ Addition 4.4 CITY-ST-ZIP Change CITY-ST-ZIP T DELETE 5. 1 TITLE 52 NAME MALE 5.3 STREET ADDRESS STREET ADDRESS 90000184289[©]Change ☐ Addition 5.4 CITY - ST - ZIP CITY-S1-ZIP DELETE 6. 1 11(LE -05/29/96--01093--023 TITLE 6.2 NAME ***200.00

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 logal effect as if made under 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 logal effect as if made under certify that I am per 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 signature shall have the same logal effect as if made under certify that I am per 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 signature shall have the same logal effect as if made under certify that I am per 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 signature shall have the same logal effect as if made under the certification of the corporation or the corporation or the corporation or the certification of the c David Siegel 4/29/96

6.3 STREET ADDRESS

SIGNATURE:

NAME