FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS J51452 **DOCUMENT #** DOMBROWSKI & ASSOCIATES, P.A. Principal Place of Business Mailing Address 101 SE 6TH AVE 950 COSMOS COURT STE D WEST PALM BEACH FL 33414 DELRAY BCH FL 33483 3. Date Incorporated or Qualified 3a. Date of Last Report 01/13/1987 03/21/1995 2. Principal Place of Business 2a. Mailing Address 4 FELNumber Applied For 1850 FORBST HILL BLVD 65-0030769 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SUITE 20 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199 032 USA Yes No 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DOMBROWSKI, LAWRENCE, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 950 COSMOS COURT WEST PALM BEACH FL 33414 83 City 84 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 5/13/16 e of registered a jet than it the magnistation (NOTE: Bogedered Agord's greature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 BULE Change | Addition DOMBROWSKI, LAWRENCE, JR NAMÉ 1.2 NAME 950 COSMOS ST. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DEL ETE 2 1 THILE Change ☐ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City - St - ZiF TITLE DELETE. 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CHTY - ST-ZIP DELETE 4 1 TITLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4.6:TY - ST - Z-P DELETE 5 1 TITLE Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarly 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 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 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

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URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

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Change

Addition

CR2E034 (12/95)