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SIGNATURE: 🚄.

Apr 30 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)J97908 DOUGLAS EQUIPMENT COMPANY - NORTH Principal Place of Business Mailing Address 4616 HIATUS RD 4616 HIATUS RD FT. LAUDERDALE FL 33351 FT. LAUDERDALE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0016069 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 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RAMSAY, SUE L. Name 7124 N.W. 72ND AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City 85 Zip Code FL 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Bogistored Agent signature required when relistating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE RAMSAY, GRANVILLE L. 1.2 NAME NAME 7124 N.W. 72ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CHTY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition RAMSAY, SUE L. NAME 2.2 NAME 7124 N W 72 AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 2 4 CITY - ST - 2IP DELETE 3.1 THLE Change Addition TIFLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELFTE Change Addition TITLE 5 1 TITLE NAME 5 2 NAME STREET ADDRESS 53 STREFT ADDRESS CiTY - ST - ZiF 5 4 CITY - ST - ZIP TITLE DELETE 6.1 1111.6 Change ☐ Addition NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby certify that the information supplied with this lifting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this innual report or supplemental amusal 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 will an address.

LLORIDA DEPARTMENT OF STATE

FILED

Y-P/Secy 4-21-98 (454) 389-843 8