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2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2001 8:00 am **DOCUMENT # K08954 Secretary of State** 1. Entity Name CAROUSEL OF COCOA BEACH, INC. 01-24-2001 90083 020 ***150.00 Principal Place of Business Mailing Address 299 W. COCOA BCH CSY. 229 W. COCOA BCH.CSWY. 901931 COCOA BCH FL 32931 COCOA BCH FL 32931 2. Principal Place of Business 229 W. COCOA BOH CSWY 3. Mailing Address 1355 5. US 1 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE OCOA BEACH FL ' City & State City & State 4. FEI Number Applied For 59-2871609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent KEPPGN, STEVEW Street Address (P.O. Box Number is Not Acceptable) KEPPEN, STEVEN P. 229 W. COCOA BEACH CSWT 11420 S. TROPICAL TR COCOA BEACH FL 32931 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and sitle if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change TITLE KEPPEN, STEVEN R 11420 S. TROPICAL TE MGRRITT 15 FL KEPPEN, STEVEN P. NAME NAME STREET ADDRESS STREET ADDRESS 229 W. COCOA BEACH CSWY FOSTER, GEO M. BLUD Change Addition 5805 N. BANANA RIV FR # 1111 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL ☐ Delete TITLE TITLE NAME FOSTER, GEORGE M. NAME STREET ADDRESS STREET ADDRESS 5800 N. BANANA RIVER BLVD. CAPE CANAVERAL FL 32920 CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERA FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: