2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K09797

1. Entity Name

FLORIDA K - FIVE CORPORATION

FILED May 13, 2002 8:00 am Secretary of State 05-13-2002 90246 010 ***150.00

Mainty Address of NonVer 91 As 2							-∤			
Suite 4.08 Me. SUITE # 14 # 2 COUNTY Suite Suite 4.08	Principal Place of Business			Mailing Address						
Suite 4 08 Boca Ration , FL 33433 2. Principal Place of Business	C/O THEODORE S. KONOVER			,c/o, KONOVER(& Asso	oc Sout	h,	,		
Supervise Supe	•			7000'W Palm	etto I	k Rd	'			
Suite, Apr. #, sto. Suite April etc. Country Exp. Success Address of Current Registered Agent Name	MIAMI SHORES FL 33138			Suite 408				(1885 B)(\$ 851 88118 (8151 18818 18818 1881	ANT BURN BURN ALBUR B	ARN BIRN I'R N
Suite, Apr. #, sto. Suite April etc. Country Exp. Success Address of Current Registered Agent Name				Boca RAton, FL 33433						
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Section Sect	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Foe Required Foe Required For Required Fo	City & State			City & State			4. FEI Number 65-0022973		— —	
Name Street Andress (P.O. Box Number is Not Acceptable)	Zip .		Country	Zìp	Country		5. 0	Certificate of Status Desired		
Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.		6. Name	and Address of Current R	egistered Agent			7. N	lame and Address of New Register	ed Agent	
STES. 182 MIAMI SHORES FL 33138 City FL Zip Code This corporation is eligible to satisfy its interagible Tax hims graph range of programmer and excito to do to FILE NOW!!! FEE IS \$15.00 After May 1, 2002 Fee will be \$550.00 Tax hims programmer and excito to do to After May 1, 2002 Fee will be \$550.00 Tax hims graph remains and excito to do to OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS INE SVP/SSC INME STREET ADDRESS STREET AD					Na	ame				
STES. 182 MIAMI SHORES FL 33138 City FL Zip Code City FL Zip Cod	KONOVER	, THEODOF	RE S.	Street Address			s (P.O. Box Number is Not Acceptable)			
### Addition #### Addition ###################################	9822 NE 2	2ND AVE					`	,		
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. Signal and Lipped or printer name of implational agent and like it accidable. PATE Registered Agent signal are registered agent, or both, in the State of Florida.	STES. 182	2								
SIGNATURE Signature, types or printed rarge of registered agent and life if applications. NOTE Registered Agent signature required when remaining DATE	MIAMI SH	ORES FL 3	3138		Ci	ty			Zip Coo	e
9. This corporation is elligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) TILE NAME STREET ADDRESS CITY-ST-2P MAMI SHORES FL TITLE ONONOVER, HENRY STREET ADDRESS CITY-ST-2P MAMI SHORES FL TITLE ONNOWER STREET ADDRESS CITY-ST-2P MAME STREET ADDRESS CITY-ST-2P STREET ADDRESS CI	8. The above	named entity	y submits this statement for	the purpose of changing its	registered of	fice or registe	red age	ent, or both, in the State of Florida.		
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Task liting requirement and elects to do so. After May 1, 2002. Fee will be \$55.0.0 Trust Fund Contribution. Added to Foes (See criter) and back) Trust Fund Contribution. Added to Foes Trust Fund Contribution. Addition Fund Fund Fund Fund Fund Fund Fund Fun	9 This corne	oration is elig	ible to satisfy its Intangible	FILE NOW!	!! FEE IS \$	150.00				
Make Check Payable to Department of State	•	-	•							
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SIGNATURE: