FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)DOCUMENT # THE RIGHT STUFF, INC. Mailing Address Principal Place of Business 5310 NW 33RD AVE. #100 5310 NW 33RD AVE. #100 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 10/05/1988 03/07/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0075153 Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc. Suite, Apt. #, e.c 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes X No **Florida Statutes** 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) LANE, PAUL J 82 5310 NW 33RD AVE. #100 83 FT. LAUDERDALE FL 33309 85 Zip Code 64 City 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 Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when redistribing) Storiative typed or printed name of registered agent and the fluggisted of (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ■ Add:tion DELETE 1 1 TITLE TITLE CR2E034 LEITNER, RICHARD 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 5310 NW 33 AVE. #100 FT. LAUDERDALE FL 33309 1.4 CHTY - ST - ZIP CITY-ST-ZIP [] DELETE 2 1 Till E Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 Title E 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4 1 T:TLE TITLE 4.2 NAME NAME 4.3 STREE! ADDRESS STREET ADORESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition MI DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZiP CITY-ST-ZIP Addition DELETE 6 1 TITLE

14. I do hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information ipplicated 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 of director of the componation on the receiver or trustee emipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bl

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

TITES

NAME

STREET ADDRESS

C!TY-ST-ZIP