FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K61968 (9)KEN CUNNINGHAM, INC. Principal Place of Business Mailing Address 74 N.E. 103RD STREET 74 N.E. 100RD STREET MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1989 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0096806 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CUNNINGHAM, KEN 74 N.E. 103RD STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138 83 84 City 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. SIGNATURE (NOTE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Channe THILE 11 TITLE CUNNINGHAM, KEN NAME 12 NAME 74 N.E. 103RD STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 14 CHY-ST-7IP DELETE Addition Change TITLE 2.1 TITLE CUNNINGHAM, MARIA B. NAME 2.2 NAME 74 N.E. 103RD STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL City-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY ST ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP

14. Thereby 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 atmost report or suppliemental 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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SUPPLY AND TOPPY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

0/11/98 (305) 751-1356

Change

Addition