FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am § Secretary of State DOCUMENT # L37151 1. Entity Name 05-28-2002 90704 005 ***150 00 CRAMER AND KAHN REALTY, INC. Principal Place of Business Mailing Address 17 PALAFOX PL P.O. BOX 988 **SUITE #318** PENSACOLA FL 32595 PENSACOLA FL 32501 US 2. Principal Place of Business 3. Mailing Address 3 W. GARDEN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE GUI TE City & State City & State 4. FEI Number Applied For 59-2980992 PGN SALOL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1. KOH~ KAHN, LOUIS I. 17 PALM FOX PLACE **SUITE 318** PENSCOLA FL 32501 Zi**32\$0** 8. The above named er upmils this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ped or printed name of registered agent and title 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) **PDTS** Change TITLE TITLE ☐ Addition ☐ Defete KAHN, LOUIS I NAME NAME 3 W GALDEN ST, 4015 318 PENJALOLA, FL 32501 17 PALM FOX PL., STE 318 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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-ZIE ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information pair aport 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 ustep empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or suppl

of the corporation or the receive changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAM

SIGNATURE: