DOCUMENT # M37443 La PRINCERE FRENCH BAKERY CAFE, II, INC. Fridepatibility of Basines Fridepatibility of Basine	COF ANNU	E NOW: FILING PROFIT RPORATION JAL REPORT 1999		FLORIDA DEPART Katherine Secretary DIVISION OF CC	MENT OF STATE B Harris of State	FIL Apr 30, 199 Secretary 04-30-1999 90055	99 8:00 of Stat	am te
LA PRINCIERE FRENCH BAKERY CAFE. II, INC.			37443					
Interpretent of Business Marting Address PURCIPATION REVIDE PO. BOX 1FI HALLMOALE FL 3309 PURCIPATION REVIDE PO. BOX 1FI HALLMOALE FL 3309 PURCIPATION REVIDE 24. Mailing Address PURCIPATION REVIDE 24. Mailing Address 2010.00.00.00.00.00.00.00.00.00.00.00.00.			AKERY CAFE, II	, INC.				
Interpretent of Business Marting Address PURCIPATION REVIDE PO. BOX 1FI HALLMOALE FL 3309 PURCIPATION REVIDE PO. BOX 1FI HALLMOALE FL 3309 PURCIPATION REVIDE 24. Mailing Address PURCIPATION REVIDE 24. Mailing Address 2010.00.00.00.00.00.00.00.00.00.00.00.00.								
NMRSE FL 3333 HALLANDALE FL 3008 DO NOT WRITE IN THIS SPACE 2. Procipal Place of Busines 2. Maining Address 4. FEI Number 3. Data Incorporated or YU (1986) Applicable 3. Data Incorporation YU (1986) Status 3. Contribution Status 3. Data Incorporation YU (1986) Status 3. Data Incorporation YU (1986) Status 2. Data Incorporation YU (1986) Status 2. Ream and Address of Current Registered Agent Incorporation YU (1986) 4. Data Incorporation YU (1986) Status 3. Status Incorporation YU (1986) Status Incorporation YU (1986) 4. Data Incorporation YU (1986) Status Incorporation YU (1986) 5. Data Incorporation YU (1986) Status Incorporation YU (1986) 4. Data Incorporation YU (1986) Status Incorporation YU (1986) 5. Data Incorporation YU	•							
Principal Place of Busines						DO NOT WRITE IN	THIS SPACE	•
Principal Pase of Busines Image Number of Sections Image Number of Sections Applied For South, Apt. #, etc								
SUBL AP, #. etc. SUBL AP, #. etc. S: Certificate of Status Desized Percentaging Financing Fi	. Principal P	Place of Business	2a.	Mailing Address		4. FEI Number	Арр	lied For
27 City & State City & State City & State Fee Required Fee Required 20 City & State City & State Exection Campaign Financing Addet to Fees 20 20 Country 20 Country 8, This compation owes the current year intargible 20 20 20 20 Country 8, This compation owes the current year intargible 20 21 20 20 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 41 0. NARLAND PARK BLVD. 12 Street Address (P.O. Box Number is Not Acceptable) 6150 W. CARLAND PARK BLVD. 13 14 21 Street Address (P.O. Box Number is Not Acceptable) 6150 W. CARLAND PARK BLVD. 13 14 City FL 18 20 6160 or registered agent, co.ord the objections 607.500 and 607.500 and 607.500 and 607.500 and 607.500 and 507.500 and		, # atc		Suite Ant # etc			¢0 75 .	
Zip Country Zip Country Truet Procession over the current year Interglate Zip Zip Country a. This corporation over the current year Interglate Name and Address of Current Registered Agent 10, Name and Address of Auronal Property Tax Yes WAKNINE, SIMON 11 Name 10, Name and Address of Auronal Property Tax Yes SUNRISE, FL 33313 12 Street Address (P.O. Box Number is Not Acceptable) 13 Bit Street Address (P.O. Box Number is Not Acceptable) 14 14 Name and Address of Current Registered Agent 14 14 14 WAKNINE, SIMON 15 Street Address (P.O. Box Number is Not Acceptable) 15 SUNRISE, FL 33313 13 14 14 14 Vacation of Sections 607.0502, and 607.1508, Florida Statutes, the above-name docroprotion submits his statement for the purpose of Changing its registered agent, active]		27				Fee Rec	uired
Zip Country Zip Country 8. This corporation cives the current year intenaptible Personal Proporation Tax. Ives		le		City & State				
B. Name and Address of Current Registered Agent Lot Name and Address of New Registered Agent Lot Name Address of New Registered Agent Lot Name Lot Nam	Zip	[_]		· _		1		No
WAKNINE, SIMON 6150 W. OAKLAND PARK BLVD. SUNRISE FL 33313 E2 Street Address (P.O. Box Number is Not Acceptable) 42 Street Address (P.O. Box Number is Not Acceptable) 83 44 City FL 85 44 City FL 85 33 Submit Street Address (P.O. Box Number is Not Acceptable) 34 City FL 85 35 Submit Street Address (P.O. Box Number is Not Acceptable) 83 34 City FL 85 35 Submit Street Address (P.O. Box Number is Not Acceptable) 83 36 Submit Street Address (P.O. Box Number is Not Acceptable) 84 37 Street Address (P.O. Box Number is Not Acceptable) 94 38 Submit Street Address (P.O. Box Number is Not Acceptable) 94 39 Street Address (P.O. Box Number is Not Acceptable) 94 30 Street Address (P.O. Box Number is Not Acceptable) 35 30 Street Address (P.O. Box Number is Not Acceptable) 35 30 Street Address (P.O. Box Number is Not Acceptable) 35 30 Street Address (P.O. Box Number is Not Acceptable) 35 <	·I							
6150 W. OAKLAND PARK BLVD. SUNRISE FL 33313 92 Street Address (P.O. box Number is not Addeptable) 82 B4 City FL 83 Zip Code 84 City FL 83 Zip Code 84 City FL 84 Zip Code 85 Submits this statement for the purpositions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation's board of directors. In hereby accept the appointma as registered agent, code of the appointma agent, target agent, code of the appoint agent, code of the appointma agent, code of the appointma agent, code of the appointhe appointma agent, code of the appointma age	WAK	(NINE, SIMON						
Bit City FL Ist Zip Code 1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, an coordinate with an off-odd a Statutes, the above-named corporation's board of directors. I hereby accept the exploritment as registered agent, an coordinate with an off-odd a Statutes. <u>MULU JUS 999</u> SIGNATURE			BLVD.			dress (P.O. Box Number is Not Acceptable)		
Pursuant to the provisions of Social 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and carry the obligations of Social Statutes. Pursuant to the provisions of Social Statutes of Horiza, Such change was authorized by the corporation's board of directors. I hereby accept the obligations of Social Social Statutes. Pursuant to the provisions of Social Social Social Social Statutes. Pursuant to the provisions of Social Social Social Statutes. Pursuant to the provisions of Social Social Social Social Statutes. Pursuant to the provisions of Social Social Statutes. Pursuant to the provisions of Social Social Social Statutes. OFFICERS AND DIRECTORS Note: Social Statutes OFFICERS AND DIRECTORS IN 12 OFFICERS AND D								
office or registered agent, co.both, in the State of Florida. Stuch change was authorized by the corporation's board of orrectors. In Percept accept the appointment as registered agent, and store of provide board and state accept the object the		RISE FL 33313			83	• 		
TLE PD DELETE 11 TITLE Change Addition AME 12 WWK 13 STREET ADDRESS 13 STREET ADDRESS Integration Addition TITLE 10 CPL ST-2P 10 CPL ST-2P Integration Change Addition TITLE 10 CPL ST-2P 10 CPL ST-2P Integration Change Addition TITLE 22 NAME 23 STREET ADDRESS Integration Addition TITLE 24 CPL ST-2P Integration Addition TITLE DELETE 21 TITLE Change Addition TITLE DELETE 23 STREET ADDRESS Integration Addition TITLE DELETE 33 STREET ADDRESS Integration Addition MME 12 NAME 33 STREET ADDRESS Integration Integration Integration MME 12 NAME 33 STREET ADDRESS Integration Integra	SUN	* •	ions 607.0502 and 60	7.1508, Florida Statutes	84 City	moration submits this statement for the purpo	FL	egistered
TREET ADDRESS 6150 W. OAKLAND PARK BLVD. 13 STREET ADDRESS SUNRISE FL 33313 14 cmr - 51 - 2P TITE DELETE 21 tmue AME 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS TTY - 51 - 2P 24 cmr - 51 - 2P TITLE DELETE 24 cmr - 51 - 2P 24 cmr - 51 - 2P TTLE DELETE 31 STREET ADDRESS 24 cmr - 51 - 2P TITLE DELETE 31 STREET ADDRESS 24 cmr - 51 - 2P TITLE DELETE 31 STREET ADDRESS 33 STREET ADDRESS TREET ADDRESS 33 STREET ADDRESS TREET ADDRESS 33 STREET ADDRESS 31 cmr - 51 - 2P Change TITLE AL cmr - 51 - 2P TITLE Change AME 42 cmv - 51 - 2P TITLE Change AME 42 cmv - 51 - 2P TITLE Change AME 53 STREET ADDRESS TITLE Change AME 53 STREET ADDRESS TITLE STITLE AME <t< th=""><th>SUN 1. Pursuant office or r agent. I a SIGNATURE</th><th>to the provisions of Sect registered agent, or poth im familiar with, and poor Signature, typer printed name</th><th>, in the State of Florida ept the obligations of, s of registered agent and title if</th><th>a. Such change was aut Section 607.0505, Floric applicable (NOTE: R</th><th>84 City , the above-named coi horized by the corporation ta Statutes. registered Agent signature required</th><th>rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)</th><th>FL se of changing its i ppointment as reg /6 99</th><th>registered istered</th></t<>	SUN 1. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sect registered agent, or poth im familiar with, and poor Signature, typer printed name	, in the State of Florida ept the obligations of, s of registered agent and title if	a. Such change was aut Section 607.0505, Floric applicable (NOTE: R	84 City , the above-named coi horized by the corporation ta Statutes. registered Agent signature required	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL se of changing its i ppointment as reg /6 99	registered istered
TY: ST. 2P SUNRISE FL 33313 14 GTY-ST. 2P TILE DELETE 21 TTLE Change Addition AME 22 MAME 23 STREET ADDRESS	SUN 1. Pursuant office or r agent. I a SIGNATURE 2.	to the provisions of Sect registered agent, or both m familiar with, and accord Signature, typer or printed name O	, in the State of Florida ept the obligations of, s of registered agent and title if	a. Such change was aut Section 607.0505, Floric applicable (NOTE: R CTORS	84 City , the above-named con- horized by the corpora- ta Statutes. tegistered Agent signature required 13.	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL se of changing its (ippointment as reg //6 99 re S AND DIRECTOF	registered istered
IILE AME 22 NAME 22 NAME 23 STREET ADDRESS 24 CTY-ST-ZP 2	SUN 1. Pursuant office or I agent. I a SIGNATURE 2. ITLE AME	to the provisions of Sect registered agent, or both im familiar with, and accord Signature, typer of printed name O PD WAKNINE, SIMON	, in the State of Florida ept the obligations of, s of registered agent and title if FFICERS AND DIREC	a. Such change was aut Section 607.0505, Floric applicable (NOTE: R CTORS	84 City s, the above-named conhorized by the corporate statutes. 1 tegistered Agent signature requirements 1.1 ΠΤLE 1.1 ΠΤLE 1.2 NAME	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL se of changing its (ippointment as reg //6 99 re S AND DIRECTOF	registered istered
23 STREET ADDRESS 23 STREET ADDRESS JTY-ST-ZIP 2.4 CTY-ST-ZIP TITLE 2.4 CTY-ST-ZIP TITLE 31 TTTLE JANAWE 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS XTY-ST-ZIP 34. CTY-ST-ZIP TITLE 33 STREET ADDRESS XTY-ST-ZIP 34. CTY-ST-ZIP TITLE 1 DELETE XAME 4.1 TTLE AME 4.2 NAME YTY-ST-ZIP	SUN 1. Pursuant office or r agent. I a SIGNATURE 2. ITLE AME TREET ADDRESS	to the provisions of Sector registered agent, or both im familiar with, and accord Signature typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Floric applicable (NOTE: R CTORS	84 City 5, the above-named conhorized by the corporate Statutes. 14 1a Statutes. 15 13. 11 11.1 12 12 NAME 13 13 STREET ADDRESS	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	registered istered RS IN 12 Addition
ITLE □ DELETE 3.1 TTLE □ Change □ Addition AME 32 NAME 33 STREET ADDRESS	SUN 1. Pursuant office or I agent. I a SIGNATURE 2. TLE AME TREET ADDRESS TT-ST-ZIP TLE	to the provisions of Sector registered agent, or both im familiar with, and accord Signature typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Floric applicable (NOTE: R TORS	84 City s, the above-named conhorized by the corporate Statutes. Image: Statute statute statutes. 13 Image: Statute statute statute statute statutes. 1.1 Image: Statute sta	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	registered istered RS IN 12 Addition
AME 32 NAME AME 33 STREET ADDRESS ITY: ST. ZIP 34. CITY: ST. ZIP ITLE + IDELETE AME 4.2 NAME AME 4.2 NAME AME 4.3 STREET ADDRESS ITY: ST. ZIP 4.4 CITY: ST. ZIP ITLE + IDELETE AME 4.3 STREET ADDRESS ITY: ST. ZIP 4.4 CITY: ST. ZIP ITLE IDELETE STREET ADDRESS 4.4 CITY: ST. ZIP ITLE IDELETE STREET ADDRESS 5.3 STREET ADDRESS ITY: ST. ZIP IDELETE STREET ADDRESS 5.3 STREET ADDRESS ITY: ST. ZIP IDELETE STREET ADDRESS 5.3 STREET ADDRESS ITY: ST. ZIP IDELETE STREET ADDRESS 6.4 CITY: ST. ZIP ITLE IDELETE STREET ADDRESS 6.3 STREET ADDRESS ITY: ST. ZIP IDELETE STREET ADDRESS 6.3 STREET ADDRESS ITY: ST. ZIP IDELETE STREET ADDRESS 6.3 STREET ADDRESS ITY: ST. ZIP IDELETE <td>SUN 1. Pursuant office or I agent. I a GIGNATURE 2. TLE AME TTLE AME TLE AME</td> <td>to the provisions of Sector registered agent, or both im familiar with, and accord Signature typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND</td> <td>, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.</td> <td>a. Such change was aut Section 607.0505, Floric applicable (NOTE: R TORS</td> <td>84 City 5, the above-named conhorized by the corporate a Statutes. tegistered Agent signature requined as the statutes. 11, TITLE 12, NAME 13, STREET ADDRESS 14, CITY-ST-ZIP 21, TITLE 22, NAME</td> <td>rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)</td> <td>FL</td> <td>registered istered RS IN 12 Addition</td>	SUN 1. Pursuant office or I agent. I a GIGNATURE 2. TLE AME TTLE AME TLE AME	to the provisions of Sector registered agent, or both im familiar with, and accord Signature typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Floric applicable (NOTE: R TORS	84 City 5, the above-named conhorized by the corporate a Statutes. tegistered Agent signature requined as the statutes. 11, TITLE 12, NAME 13, STREET ADDRESS 14, CITY-ST-ZIP 21, TITLE 22, NAME	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	registered istered RS IN 12 Addition
IVY-ST-ZIP 34. CITY-ST-ZIP ILE 4.1 TTLE AME 4.2 NAME AME 4.3 STREET ADDRESS ITY-ST-ZIP 44 CITY-ST-ZIP ILE 1 DELETE STREET ADDRESS 44 CITY-ST-ZIP ITLE 1 DELETE STREET ADDRESS 44 CITY-ST-ZIP ITLE 1 DELETE STREET ADDRESS 5.3 STREET ADDRESS ITLE 5.3 STREET ADDRESS ITY-ST-ZIP 1 DELETE ITY-ST-ZIP 5.4 CITY-ST-ZIP ITY-ST-ZIP 1 DELETE STREET ADDRESS 5.4 CITY-ST-ZIP ITY-ST-ZIP 1 DELETE STREET ADDRESS 5.4 CITY-ST-ZIP ITY-ST-ZIP 1 DELETE STREET ADDRESS 6.4 CITY-ST-ZIP <td>SUN 1. Pursuant office or 1 agent. 1 a GNATURE 2. TLE TLE TV-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP</td> <td>to the provisions of Sector registered agent, or both im familiar with, and accord Signature typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND</td> <td>, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.</td> <td>a. Such change was aut Section 607.0505, Florid applicable (NOTE: R TORS DELETE</td> <td>84 City 5, the above-named conhorized by the corporate statutes. tegistered Agent signature required agent signature required agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</td> <td>rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)</td> <td>FL</td> <td>egistered istered RS IN 12 Addition</td>	SUN 1. Pursuant office or 1 agent. 1 a GNATURE 2. TLE TLE TV-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP	to the provisions of Sector registered agent, or both im familiar with, and accord Signature typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable (NOTE: R TORS DELETE	84 City 5, the above-named conhorized by the corporate statutes. tegistered Agent signature required agent signature required agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	egistered istered RS IN 12 Addition
ILE DELETE 4.1 TTLE Change Addition AME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 44 CITY-ST-ZIP Change Addition AME 5.1 TTLE Change Addition IREET ADDRESS 5.1 TTLE Change Addition AME 5.2 NAME 5.2 NAME S.2 NAME IREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS Change Addition TY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition Addition REET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition TY-ST-ZIP DELETE 6.1 TTLE Change Addition AME 6.2 NAME 6.3 STREET ADDRESS Change Addition ITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition TY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP Change Addition AME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Change Change Change 6.4 CITY-ST-ZIP Change Chan	SUN 1. Pursuant office or I agent. I a GONATURE 2. TLE WE TY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE TLE	to the provisions of Sector registered agent, or both im familiar with, and accord Signature typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable (NOTE: R TORS DELETE	84 City 84 City a statutes. City ta statutes. City 13. City 11.1 TITLE City 12.1 AME City 13.STREET ADDRESS City-ST-ZIP 2.1 TITLE City-ST-ZIP 2.1 TITLE City-ST-ZIP 2.1 TITLE City-ST-ZIP 3.1 TITLE City-ST-ZIP 3.1 TITLE City-ST-ZIP	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	egistered istered RS IN 12 Addition
TREET ADDRESS 4.3 STREET ADDRESS TY-ST-ZIP 44 CTY-ST-ZIP TLE DELETE S1 TTLE Change AME 52 NAME S3 STREET ADDRESS 53 STREET ADDRESS TREET ADDRESS 53 STREET ADDRESS TTY-ST-ZIP 54 CTY-ST-ZIP TLE DELETE 64 CTY-ST-ZIP Change AME 62 NAME STREET ADDRESS 64 CTY-ST-ZIP TLE 0 DELETE 6.1 TTLE AME 62 NAME 63 STREET ADDRESS 64 CTY-ST-ZIP TREET ADDRESS 64 CTY-ST-ZIP TREST ADDRESS 64 CTY-ST-ZIP TREST ADDRESS 64 CTY-ST-ZIP Change 0 Addition AME 62 NAME 64 CTY-ST-ZIP 64 CTY-ST-ZIP	SUN 1. Pursuant office or i agent. I a SIGNATURE 2. TLE MRE TV-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TREET ADDRESS	to the provisions of Sect registered agent, or both im familiar with, and icco Signature, typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable (NOTE: R TORS DELETE	84 City 5, the above-named conhorized by the corporate statutes. tegistered Agent signature required agent signature required agent signature required as the statutes. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	egistered istered RS IN 12 Addition
TY-ST-ZIP 44 CITY-ST-ZIP TLE DELETE S1 TILE Change AME S2 NAME S2 NAME S3 STREET ADDRESS TY-ST-ZIP S4 CITY-ST-ZIP DELETE 6.1 TITLE ME 6.2 NAME S4 CITY-ST-ZIP Change Addition Addition TLE DELETE 6.1 TITLE Change AME 6.2 NAME S3 STREET ADDRESS 6.3 STREET ADDRESS TY-ST-ZIP 6.3 STREET ADDRESS TY-ST-ZIP 6.4 CITY-ST-ZIP	SUN 1. Pursuant office or i agent. I a SIGNATURE 2. TLE ME TLE ME TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	to the provisions of Sect registered agent, or both im familiar with, and icco Signature, typer of printed name OPD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable (NOTE: R TORS DELETE DELETE DELETE DELETE	84 City 5, the above-named conhorized by the corporate statutes. tegistered Agent signature required agent signate required agent signature required agent si	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	egistered istered RS IN 12 Addition Addition Addition
AME S2 NAME S2 NAME S2 NAME S2 NAME S3 STREET ADDRESS S4 CITY-ST-ZIP Change Addition AME S2 NAME S3 STREET ADDRESS S4 CITY-ST-ZIP Change Addition S2 NAME S3 STREET ADDRESS S4 CITY-ST-ZIP Change S2 NAME S3 STREET ADDRESS S4 CITY-ST-ZIP S5	SUN 1. Pursuant office or I agent. I a SIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME AME AME AME	to the provisions of Sect registered agent, or both im familiar with and accord Signature typer of printed name O PD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable (NOTE: R TORS DELETE DELETE DELETE DELETE	84 City 5, the above-named conhorized by the corporate statutes. registered Agent signature required as the statutes. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	egistered istered RS IN 12 Addition Addition Addition
AWE TREET ADDRESS TY-ST-ZIP TLE DELETE DELETE DELETE DELETE 0.1 TTLE Change Addition Change Addition Change Addition Change Addition Change Addition Change	SUN	to the provisions of Sect registered agent, or both im familiar with and accord Signature typer of printed name O PD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable (NOTE: R TORS DELETE DELETE DELETE DELETE	84 City s, the above-named coincrite or ported a statutes. tegistered Agent signature required a statutes. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL	egistered istered RS IN 12 Addition Addition
TY-ST-ZIP 54 CTY-ST-ZIP TLE DELETE 61 TITLE Change Addition AME IREET ADDRESS TY-ST-ZIP 64 CTY-ST-ZIP 64 CTY-ST-ZIP	SUN 1. Pursuant office or I agent. I a GIGNATURE 2. TLE WE TV-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE	to the provisions of Sect registered agent, or both im familiar with and accord Signature typer of printed name O PD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable TORS DELETE DELETE DELETE DELETE DELETE	84 City 5, the above-named conhorized by the corporate statutes. registered Agent signature required as the statutes. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL se of changing its reproduction ippointment as reg //6 9 re S AND DIRECTOF Change Change Change	egistered istered RS IN 12 Addition Addition Addition
62 NAME 62 NAME 63 STREET ADDRESS 64 CITY- ST-ZIP 64 CITY- ST-ZIP 64 CITY- ST-ZIP	SUN 1. Pursuant office or I agent. I a GIGNATURE 2. TLE MME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS	to the provisions of Sect registered agent, or both im familiar with, and account of the sector printed name OPD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable TORS DELETE DELETE DELETE DELETE DELETE	84 City 5, the above-named conhorized by the corporate statutes. tegistered Agent signature required as the statutes. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL se of changing its reproduction ippointment as reg //6 9 re S AND DIRECTOF Change Change Change	egistered istered RS IN 12 Addition Addition Addition
TREET ADDRESS 11Y-ST-ZIP 12Y-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	SUN 1. Pursuant office or I agent. I a GIGNATURE 2. TLE MME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP	to the provisions of Sect registered agent, or both im familiar with, and account of the sector printed name OPD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City 5, the above-named coinorized by the corporate statutes. tegistered Agent signature required as the statutes. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL se of changing its reproduction ippointment as reg /6 9 re S AND DIRECTOF Change Change Change Change Change Change Change Change	egistered istered RS IN 12 Addition
It-share costify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes I further certify that the information	SUN 1. Pursuant office or I agent. 1 a SIGNATURE 2. TITLE AME TREET ADDRESS ITY-ST-ZIP TITLE AME	to the provisions of Sect registered agent, or both im familiar with, and account of the sector printed name OPD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City 5, the above-named conhorized by the corporate statutes. tegistered Agent signature required astatutes. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL se of changing its reproduction ippointment as reg /6 9 re S AND DIRECTOF Change Change Change Change Change Change Change Change	egistered istered RS IN 12 Addition
14. The boy certify that the monitoriation suppress which this does not add so and that my signature shall have the same legal effect as if made under oath; that I am an indicated 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 indicated 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 indicated on this annual report of 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 indicated on this annual report of 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 indicated on this annual report of 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 indicated on this annual report of 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 indicated on this 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 indicated on this 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 indicated on this annual report is true 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 indicated on this annual report is true annua	SUN	to the provisions of Sect registered agent, or both im familiar with, and account of the provision printed name OPD WAKNINE, SIMON 6150 W. OAKLAND SUNRISE FL 33313	, in the State of Florida ept the obligations of , S of registered agent and lide if FFICERS AND DIREC PARK BLVD.	a. Such change was aut Section 607.0505, Florid applicable TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84 City s, the above-named conhorized by the corporate Statutes. tegistered Agent signature required 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a public directors when reinstating)	FL se of changing its reproduction ippointment as reg /6 9 re S AND DIRECTOF Change Change Change Change Change Change Change Change	egistered istered RS IN 12 Addition