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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # M47098

OLDHAM INVESTMENTS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90180 017 ***150 00

Mailing Address Principal Place of Business C/O STEPHEN A. FREEMAN C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DRIVE. STE.305 520 BRICKELL KEY DRIVE. STE.305 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualifed 02/24/1987 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0193044 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FREEMAN, STEPHEN A. 82 Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE STE.305 83 MIAMI FL 33131 85 Zip Code 84 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE FREEMAN, STEPHEN A. 1.2 NAME NAME 520 BRICKELL KEY DR.#305 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE ARISTONDO, HILDIE L. 22 NAME NAME 520 BRICKELL KEY DR #305 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE: TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition ☐ DELETE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby 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 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 or director of the corporation or the requirer 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 analysishent with an address, with all other like empowered.

💮 Stephen A. Fréeman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)