File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR 22 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M98000000047

SURFCOMBER MELBOURNE ASSOCIATES, LLC
~~407 LINCOLN ROAD, SUITE 11-B~~
~~MIAMI BEACH FL 31339~~

1a. Principal Place of Business Address
~~407 LINCOLN ROAD, SUITE 11-B~~
~~MIAMI BEACH FL 31339~~

2. Principal Place of Business	2a. Mailing Address
c/o MIRMELLI 100 SE 2nd St.	c/o MIRMELLI 100 SE 2nd St.
Suite, Apt. #, etc. SUITE 2600	Suite, Apt. #, etc. SUITE 2600
City & State MIAMI FL	City & State MIAMI FL
Zip / Country 33131 / MIAMI-DADE	Zip / Country 33131 / MIAMI-DADE

3. Date Organized or Qualified	3a. State of Formation
01/16/1998	DE

4. FEI Number
65-0800761
☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
MIRMELLI, STEWART M ESQ 407 LINCOLN ROAD, SUITE 11-B MIAMI BEACH FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) c/o MIRMELLI 100 SE 2nd St. Suite, Apt. #, etc. SUITE 2600 City / FL / Zip Code MIAMI / FL / 33131

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 3-7-00
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SURFCOMBER MELBOURNE M	407 LINCOLN ROAD, SUITE 11	MIAMI BEACH FL

REINSTATEMENT 99-00

600003194526--8
-04/04/00--01011--012
****200.00 ****200.00

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 3-7-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)

2000 UNIFORM BUSINESS REPORT (UBR)

pg. 1 of 2

DOCUMENT # N95000001990

FILED

00 MAR 22 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

INDUSTRY FOR THE POOR, INC.

Principal Place of Business	Mailing Address
1090 Hwy A1A Suite 101 Satellite Beach, FL 32937	P.O. Box 372323 Satellite Beach, FL 32937

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

REINSTATEMENT DOCUMENT NUMBER (IF KNOWN) 4-6-00

4. FEI Number 59-3318662 — Applied For — Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS P. WARWICK 3845 PINE CONE RD. MELBOURNE, FL 32934	Name Street Address (P.O. Box Number is Not Acceptable) 800003195828--5 -04/04/00--01093--014 City FL Zip Code ****490.00 ****490.00

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE THOMAS P. WARWICK, PRESIDENT 3/14/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
		P THOMAS P. WARWICK 3845 PINE CONE RD. MELBOURNE, FL 32934	
	☐ Delete	D BARBARA WARWICK 3845 PINE CONE RD. MELBOURNE, FL 32934	☐ Change ☒ Addition
	☐ Delete	D DEBORAH SHEARER 1457 ASTER CT. WINTER PARK, FL 32792	☐ Change ☒ Addition
	☐ Delete	D STACY LYTLE 1487 BEECHFERN DR. MELBOURNE, FL 32935	☐ Change ☒ Addition
	☐ Delete	D FRANCIS STEWART 6939 N. WICKHAM RD. MELBOURNE, FL 32940	☐ Change ☒ Addition
	☐ Delete	~~D~~ ~~JAMES LOAPMAN~~ ~~2005 DATE PALM AVE.~~ ~~INDIALANTIC, FL 32903~~	☐ Change ☐ Addition SEE ADDITIONAL PAGE KE

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. WARWICK 3/14/00 321-255-4730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/99)

11. TITLE: D

NAME: JOE PEZULLO
982 SHAW CIR.
MELBOURNE, FL 32940

ADDITION

TITLE: D

NAME: MARY ANN PEZULLO
982 SHAW CIR.
MELBOURNE, FL 32940

ADDITION