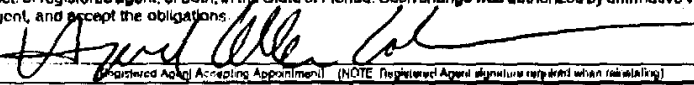
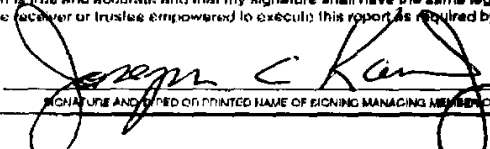


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2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 SEP 24 AM 10:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 588.75		Annual Report \$100.00 - \$88.75 Corporation Supplemental Fee - \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company ARMOURFEND AMERICA, LLC 1389 SW 12TH AVENUE POMPANO BEACH FL 33069		DOCUMENT # M98000001360		1a. Principal Place of Business Address 1389 SW 12TH AVENUE POMPANO BEACH FL 33069	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 11/16/1998 4. FEI Number 06-1524424 5. Date of Last Report	
				2a. State of Formation DE ☐ Applied For ☐ Not Applicable 6. Certificate of Status Desired ☒ Annual Report	
7. Name and Address of Current Registered Agent FENGLER, KENNETH 1389 SW 12TH AVENUE POMPANO BEACH FL 33069		8. Name and Address of New Registered Agent/Office Name Howard Allen Cohen, Esq. Street Address (P.O. Box Number is Not Acceptable) Atkinson, Diner, et al Suite, Apt. #, etc. 1946 Tyler Street City Hollywood Zip Code FL 33020			
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 9/22/99			
(Notarized Agent Accepting Appointment) (NOTE: Registered Agent signature required when retaking)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	KANE, JOSEPH C JR.	2 GREENWICH PLAZA #100		GREENWICH CT	
MGR	KANE, KATHRINE	2 GREENWICH PLAZA #100		GREENWICH CT	
MGR	KANE, LAURA	2 GREENWICH PLAZA #100		GREENWICH, CT	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: 		DATE 9/21/99			
SIGNATURE AND PRINTED NAME OF FILING MANAGING MEMBER OR MANAGER		Date: Daytime Phone: #			