2005 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND

Secretary of State ANNUAL REPORT 02-11-2005 90022 011 ****61.25 DOCUMENT # N01000003996 SOUTH ANDREWS BUSINESS ASSOCIATION, INC. 40016440 Mailing Address Principal Place of Business 1231 SOUTH ANDREWS AVENUE 1231 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316 FT. LAUDERDALE, FL. 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chq-NP CR2E037 (10/03) Applied For -__City_& State___ City & State 65-1130864 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, JOHN ESQ. Street Address (P.O. Box Number is Not Acceptable) 1401 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316 Zip Code changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named er the obligations of re SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Channe ☐ Addition TITLE TITLE MADFIS, JERYL NAME NAME STREET ADDRESS 1231 SOUTH ANDREWS AVENUE STREET ADDRESS CITY-ST-ZIP FT-LAUDERDALE, FL 33316 CITY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change Addition WALKER, WENDY NAME NAME C/O 1231 S. ANDREWS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33316 ☐ Delete TITLE Change Addition TITLE FIEGLER, JOHN NAME NAME ZIEGLER, JJOHN 1515 SW 1ST. AVENUE STREET ADDRESS STREET ADDRESS 1515 SW 1ST AVENUE FORT LAUDERDALE, FL 33315 CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE, FL. Addition Change TITLE Detete TITLE MCINTYRE, GEORGE NAME NAME TRCA, MICHELLE G. 320 SE 3RD AVE. STREET ADDRESS STREET ADDRESS 1133 SE 4THEAVENUE FT. LAUDERDALE, FL 33316 CITY-ST-ZIP CITY - ST - ZIP FORT LAUDERDALE, FL 33316 Change ■ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify 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 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.

FILED Feb 11, 2005 8:00 am