2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # May 07, 2001 8:00 am **Secretary of State** WITNEY POA INC 05-07-2001 90062 040 ****61.25 Principal Place of Business Mailing Address 5507 Pebble Brook Lane 5507 Pebble Brook LANG Boynton Beach, FL Boynton Beach, Fc A0062410 2. Principal Place of Business 3. Mailing Address 5501 Pebble Brook LANGE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 2481721 Applied For Boynton Beach Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEICHT, VICKI Vicki terch+ 5507 Pebble Brook Lone Street Address (P.O. Box Number is Not Acceptable)
5501 Pebble Brook! Boynton Beach, FL 33437 Zip Code City 33*437* BAYNTON 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to. \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ---10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ROBERT FOX 15492 LAKES OF DELDAY BLVD. #207 TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS DEBAY BEACH, FL 33484 CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change KATE SMELSOM NAME NAME 15484 LAKES OF DELRAY BLVD. #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH & 33484 Change 1 Delete TITLE ☐ Addition STEVEN SCHWARTZ 15496 LAKES OF DELLAY BUD #103 NAME NAME STREET ADDRESS STREET ADDRESS DOBAY BEALLY, E 33484 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition M EWIN SCHWARTZ 15500 CAKES OF DELRAY BLVD .=# 208 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELLAY BEACH FO 33484 ☐ Delete TITLE Change Addition MAXWELL KRAVITZ NAME 15484 LAKES OF DELPAY BLVD. #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ELRAY BEACH IL 33484 ☐ Delete TIT) F NAME NAME 15488 LAKES OF DELPAY BURD #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE DELRAY BEACH, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO