

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # N44618**

Corporation Name

POD MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3700 CLUBHOUSE LANE **BOYNTON BEACH FL 33436** 3700 CLUBHOUSE LANE BOYNTON BEACH FL 33436

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90175 022 ****61.25

3. Date Incorporated or Qualifed

2. Principal P	lace of Business	s 2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26			08/08/1991				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	•	. —	plied For	
22	_ _ _	27			65-0276640			t Applicable	
City & Stat	<u>e</u>	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Re		
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be	
24	25	29	5		Trust Fund Contribution		Added t		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				Name					
MARKELL, LAWRENCE J.				82 Street Address (P.O. Box Number is Not Acceptable)					
BUCA HA	TON FL 33343				<u> </u>				
			84	City		FL	85 Zip C	Code 1	
11 0	to the provisions of Sections 617.0502	and 617 1508 Florida Statutos	the above	-named corn	oration submits this statement for the	numose of	changing its	registered	
office or r	egistered agent, or both, in the State of	f Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accep	t the appoir	ntment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	a Statutes.						
SIGNATURE					d. b	DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	gistered Agen	signature required	d when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12	
		DELETE	1.1 TITLE				Change	Addition	
TITLE	TD	- Deterie	ŀ			•		<u></u>	
NAME	MANOWITZ, ROBERT		1.2 NAME						
STREET ADDRESS	••••		1.3 STREET	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST	-ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	HOWARD, MURRAY		2.2 NAME						
STREET ADDRESS	3700 CLUBHOUSE LANE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-S	T-ZIP					
TITLE	PD	☐ DELETE	3.1 TITLE		·		Change	☐ Addition	
NAME	SILVERMAN, FRED		3.2 NAME						
STREET ADDRESS	011101101105 1 4415		3.3 STREET	ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL		3.4, CITY-S	ļ					
TATLE	SD	☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	LUXENBERG, MARVIN	<u></u>	4, 2 NAME			•	-		
			4.3 STREET	ADDRESS					
STREET ADDRESS	•, ••					•			
C/TY-ST-ZIP	BOYNTON BEACH FL	☐ DELETE	4.4 CITY-ST 5.1 TITLE	-214	······································	<u> </u>	☐ Change	Addition	
TITLE	VD DAVID	□ nerete	5.1 HILE 5.2 NAME			-	- Amengo	- , , , , , , , , , , , , , , , , , , ,	
NAME	LEWIS, DAVID		5.2 NAME 5.3 STREET	ADODESS	·			:	
STREET ADDRESS	••••								
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-S1	-ZIP	·		Chance .		
TITLE		☐ DELETE	6.1 TITLE	-		•	Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS			•		
CITY-ST-ZIP			6.4 CITY-S1						
14. I hereby	certify that the information supplied with	this filing does not qualify for th	ne exempti	on stated in S	Section 119.07(3)(i), Florida Statutes. I	further cer	tify that the i	nformation	

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: