Mar 11, 1999 8:00 am NONPROFIT FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Katherine Hazris ANNUAL REPORT Secretary of State 03-11-1999 90138 021 ****61.25 DIVISION OF CORPORATIONS 1999 🤛 DOCUMENT # N9500004074 SOUTH OLIVE PTO, INC. 7 372955 - 90046 - 30 Mailing Address Principal Place of Business 7101 S OLIVE AVE 7101 S OLIVE AVE WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 08/23/1995 26 21 4. FE! Number Applied For Suite, Apt. #. etc. Suita, Apt. #, etc. 65-0222356 Not Applicable 27 22 \$8.75 Additional City & State. City & State 5. Certificate of Status Desired .0.. Fee Required 23 Country \$5.00 May Be Zip 6. Election Campaign Financing 30 Trust Fund Contribution Added to Fees 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Kim Duffey Street Address (P.O. Box Number is Not Acceptable) 216 Costello Road DANIELS, MARGARET 82 7101 S OUVE AVE 83 WEST PALM BEACH FL 33405 West Palm Beach Florida Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0803, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS ☐ Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME DUFFEY, KIM NAME 216 COSTELLO RD 1.3 STREET ADDRESS STREET ADDRESS W. PALM BCH. FL CITY-ST-ZIP Addition ☐ Change TITLE MATROW, EVELYN E 4040 GEM LAKE DR. STREET ADORE W. PALM BCH. FL 33406 CITY-ST-ZW ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME LOVE, USA 3.3 STREET ADDRESS 339 LAURIE RD. STREET ADORESS W. PALM BCH FL 33405 3.4. CITY-ST-ZP CiTY+ST-ZIP ☐ DELETÉ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 61 TITLE DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS

CITY-ST-ZIP 14. 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 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.

64 CITY-ST-ZIP-

STREET ADDRESS

REQUIRED SIGNING OFFICER OR DIRECTOR

FILED

CR2E037