FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90254 020 ***150.00

DOCUMENT # P00000045183

A0068581

Corporation Name
PLYMOUTH CAPITAL, INC.

Principal Place of Business
1580 SW 6TH AVE
BOCA RATON, FL 33486

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5-4-2000

2. Principal Place of Business
21 1580 SW 6TH AVE.

2a. Mailing Address
26

4. FEI Number: 65-1021582 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State
23 BOCA RATON

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip: 24 33486 Country: 25 PALM BEACH

Zip: 29 Country: 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: HERBERT ROLNICK ESQ.

82 Street Address (P.O. Box Number is Not Acceptable): 9734 WEST SAMPLE RD.

83

84 City: CORAL SPRINGS FL 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] HERBERT ROLNICK 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLISTON TOWNS		1.2 NAME	
STREET ADDRESS	1580 SW 6TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486		1.4 CITY-ST-ZIP	
TITLE	~~SECRETARY~~ SECRETARY	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RENEE TOWNS		2.2 NAME	
STREET ADDRESS	1580 SW 6TH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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 607, 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: [signature] ALLISTON TOWNS 4-30-01 561-395-4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FAX NO. 954 742 9993 P.02