2007 FOR PROFIT CORPORATION

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

May 02, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P01000010894 05-02-2007 90066 016 ***150.00 1. Entity Name S.S. APPEL & COMPANY, INC. Principal Place of Business Mailing Address 41166000 2831 RINGLING BLVD. 2831 RINGLING BLVD. 211D 211D SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 65-1072187 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Appel, Stanley 2831 RINGLING BLVD. Street Address (P.O. Box Number is Not Acceptable) 211D SARASOTA, FL 34237 Zip Code 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. I am familiar with, and accept the obligations of registered both. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/ 10. OFFICERS AND DIRECTORS 11. Delete TITLE NAME ECKERT, ART NAME Appel, Barbara 2831 RINGLING BLVD. #211D STREET ADDRESS 2831 Ringling Blud. # 211D STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34237 TITLE TITLE Delete APPEL, STANLEY NAME 2831 RINGLING BLVD. #211D STREET ADDRESS STREET ADDRESS SARASOTA, FL 34237 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of the receiver of the corporation of the receiver of

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