FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT, OF STATE CORPORATION Sandra B. Morfriam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000078627 (5) DOCUMENT # ANGELL CORPORATE SERVICES, INC. Principal Place of Business Mailing Address 250 ROYAL PALM WAY #300 250 ROYAL PALM WAY #300 PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Incorporated or Qualified 3a. Date of Last Report 11/15/1993 2. Principal Place of Business 04/21/1995 2a. Mailing Address 4. FEI Number 21 Applied For 26 65-0463652 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zin Country Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLE, JONATHAN E Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY #300 PALM BEACH FL 33480 83 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Zip Code Signature, typed or printed han is of registered egent and ten it applicable (NOTE Hogistered Agent signature required when reinstating) 12. DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TITLE DELETE 1 1 TITLE NAME COLE, JONATHAN E Change Addition 1.2 NAME STREET ADDRESS 250 ROYAL PALM WAY #300 1.3 STREET ADDRESS CITY - ST - ZIP PALM BEACH FL 33480 1.4 CITY-ST-7(P TITLE DELETE 2.1 TITLE NAME ☐ Change FINN, TERRENCE M ☐ Addition 2.2 NAME STREET ADDRESS 101 FEDERAL ST 2.3 STREET ADDRESS **BOSTON MA 02110** CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DEL ETE 3 1 DILE FREEMAN, STUART B NAME Change Addition 3.2 NAME 2700 HOSPITAL TRUST TOWER STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP PROVIDENCE RI 02903 3.4 O/TY - ST - 7/P TITLE DELETE 4. 1 TITLE NAME Change ■ Addition 4.2 NAME STREET ADDRESS 400001810554 4.3 STREET ADDRESS CITY-SI-ZIP 4.4 CITY-ST-ZIP -05/07/96--01024--004 TITLE DELETE 5 1 THILE ***200.00 Change NAME Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 THEE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 containing the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplemental annual report is true and accurate and the supplem

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 407-833-7700

SIGNATURE: