

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC 15 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12052008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3219209 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ANTHONY KALLICHE, ESQUIRE
2950 N 28 TERRACE
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, JOHN C	
STREET ADDRESS	100 VISTA ROYALE BLVD.	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANG, WENDY	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOLLINS, CHARLES D	
STREET ADDRESS	6300 PARK OF COMMERCE BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FRIEDRICHSEN, JOHN B	
STREET ADDRESS	1140 BAY STREET, STE 4000	
CITY-ST-ZIP	TORONTO, ON M5S2B4	
TITLE	AT	<input type="checkbox"/> Delete
NAME	COOKE, DOUGLAS G	
STREET ADDRESS	1140 BAY STREET, STE 4000	
CITY-ST-ZIP	TORONTO, ON M5S2B4	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, STEVEN J	
STREET ADDRESS	2950 N 28 TERRACE	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roses Tomas	
STREET ADDRESS	2950 N 28 Ter	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koehler Kirk	
STREET ADDRESS	100 Vista Royale Blvd.	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tague, John	
STREET ADDRESS	100 Vista Royale Blvd.	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Strunin, Richard	
STREET ADDRESS	1815 Griffin Rd. Suite 404	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Titelman, Stephan	
STREET ADDRESS	2950 N 28 Ter	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy C. Lang 12/10/08 954-926-1841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Wendy C. Lang Sec. Treas.