FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063505 (9)

1. Corporation Name
SNWS, INC.

Principal Place of Business	Mailing Address
6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309	6400 N. ANDREWS AVE. FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0521763 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALKER, WILLIAM H
WHITE & CASE
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Duke, Bryan W.
82 Street Address (P.O. Box Number is Not Acceptable): c/o Stiles Corporation
83: 6400 N. Andrews Avenue
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: 6/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☐ Change ☒ Addition
NAME	STILES, TERRY W	12 NAME	Stiles, Terry W.
STREET ADDRESS	6400 N. ANDREWS AVE.	13 STREET ADDRESS	6400 N. Andrews Avenue
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		21 TITLE	T ☐ Change ☒ Addition
NAME		22 NAME	Eagon, Douglas P.
STREET ADDRESS		23 STREET ADDRESS	6400 N. Andrews Avenue
CITY-ST-ZIP		24 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		31 TITLE	S ☐ Change ☒ Addition
NAME		32 NAME	Schlegel, Patricia J.
STREET ADDRESS		33 STREET ADDRESS	6400 N. Andrews Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		41 TITLE	VP ☐ Change ☒ Addition
NAME		42 NAME	Palmer, Stephen R.
STREET ADDRESS		43 STREET ADDRESS	6400 N. Andrews Avenue
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 added by an attachment with an address.

SIGNATURE: _____ 6/7/95 (305) 776-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0210302 CP

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063505

1. Corporation Name

SNWS, Inc.

Principal Place of Business	Mailing Address
6400 N. Andrews Ave. Ft.Lauderdale FL 33309	6400 N. Andrews Ave. Ft.Lauderdale FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 8/29/94 — 3a. Date of Last Report:

2. Principal Place of Business — 2a. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

4. FEI Number: 65-0521763 — Applied For / Not Applicable

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

6. Election Campaign Financing ☐ — $5.00 May Be Designated by Taxpayer

7. This corporation has liability for intangible tax under fl. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Duke, Bryan W.
c/o Stiles Corporation
6400 N. Andrews Ave., 5th Floor
Ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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 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: _____ DATE: April 28, 1995

(Signature, typed or printed name of registered agent and title, if applicable) (Not the registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	Stiles, Terry W.	1.2 NAME	
STREET ADDRESS	6400 N.Andrews Ave.	1.3 Street Address	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	Eagon, Douglas P	2.2 NAME	
STREET ADDRESS	6400 N. Andrews Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	Schlegel, Patricia J	3.2 NAME	
STREET ADDRESS	6400 N. Andrews Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	Palmer, Stephen R.	4.2 NAME	
STREET ADDRESS	6400 N. Andrews Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)(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 the 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.

SIGNATURE: _____ April 28, 1995

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

SENT BY:WHITE & CASE ; 4-27-95 ; 8:20PM ; 13057760086:# 2