SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 25 AM 9:18
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000076867 (8)

1. Corporation Name

J. CROMAR & ASSOCIATES INC.

Principal Place of Business	Mailing Address
4100 N. 58TH AVENUE #214 HOLLYWOOD FL 33021	4100 N. 58TH AVENUE #214 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

4. FEI Number: 650527719 — 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

2. Principal Place of Business	2a. Mailing Address
21 4121 STIRLING RD	26 4121 STIRLING RD
22 Suite, Apt. #, etc. 101	27 Suite, Apt. #, etc. 101
23 City & State FT LAUDERDALE, FL	28 City & State FT LAUDERDALE, FL
24 Zip 33314 — 25 Country USA	29 Zip 33314 — 30 Country USA

9. Name and Address of Current Registered Agent

CROMAR, JAMES B
4100 N. 58TH AVENUE
#214
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name JAMES B. CROMAR
82 Street Address (P.O. Box Number is Not Acceptable) 4121 STIRLING RD
83 101
84 City FT LAUDERDALE FL 85 Zip Code 33314

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 James B. Cromar — DATE 7/15/95
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROMAR, JAMES B
STREET ADDRESS	4100 N. 58TH AVE. #214
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☒ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	4121 STIRLING RD	
1 4 CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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)(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 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.

SIGNATURE: James B Cromar — Date 7/15/95 — Daytime Phone # (305) 967-0180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0023104 CP