FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P94000088754 117 SOUTH DIXIE HIGHWAY, INC. 04-23-2001 90006 022 ***150.00 Principal Place of Business Mailing Address 117 SO. DIXIE HIGHWAY 117 SO. DIXIE HIGHWAY UTIFU LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0544691 Not Applicable Zip Country Zip 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 YOUNG, RONALD E Street Address (R.O. Box Numbor is Not Acceptable) 1860 FOREST HILL BLVD. STE. 105 WEST PALM BEACH FL 33406 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE ☐ Change Addition TITLE ZMISTOWSKI, JOEL NAME NAME 117 SO. DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete TITLE ☐ Change ☐ Addition TITLE LABLANC, DENIS NAME NAME 117 SO. DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: DENIS LEDING LEDING 4/13/01 561-582.89