Mailing Address

SUITE 402

102 É. ISLAND AVE.

Principal Place of Business

PALM BEACH GARDENS FL 33418

102 E ISLAND AVE.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000089079

CHICK SCHNIER ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33148 US 3. Date Incorporated or Qualifed 12/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 118 VICTORIA BAY COVET 118 VICTORIA BAY COVAT 65-0549522 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes the current year Intangible Zip Zip □No Personal Property Tax. H Yes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RYAN, JAMES H 82 Street Address (P.O. Box Number is Not Acceptable) 701 U.S. HWY. ONE SUITE 402 83 NORTH PALM BEACH FL 33408 85 Zip Code 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 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE Change | 1.1 TITLE TITLE SCHNIER, ESTHER 1.2 NAME NAME 17030 BROOKWOOD DRIVE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE SCHNIER, CHARLES 2.2 NAME NAME 17030 BROOKWOOD DRIVE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 ÇITY+ST-ZIP

14. 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 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, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ DELETE

Change

☐ Addition

CR2E034:(11/98)

FILED

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90081 013 ***150.00