FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PP:QFIT FLORIDA DEPARTMENT OF STATE CORPARATION ANNUAL REPORT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 1996 P94000093515 (2) **DOCUMENT #** EZ2CY OF SOUTH FLORIDA, INC. Mailing Address Principa Place of Business 1194 OLD DIXIE HWY 1194 OLD DIXIE HWY LAKE PARK FL 33403 LAKE PARK FL 33403 3a. Date of Last Report 3. Date Incorporated or Qualified 04/18/1995 12/27/1994 Applied For 4 FFI Number 2a. Mailing Address 2. Principal Place of Business 65-0539474 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip Ζφ Yes □ No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Lones BERNSTEIN, ALAN 82 Street / **5033 OKEECHOBEE BLVD.** 83 WEST PALM BEACH FL 33417 City HRI FL 34997 on submits this statement for the purpose of changing its registered office of directors. I here we accord the appearance of the purpose of changing its registered office. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes the aboor registered agent, or both, in the State of Florida. Such change was authorized by the of familiar with, and according to bligations of Section 607.0005. Florida Statutes. as registered agent. I am cept the appointment of directors, I hereby a SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change V. PRESIDENT DELFTE TITLE SMITH, JEFFERY BLACKWELL, CLARENCE A NAME NAME 1.3 STREET ADDRESS 371 ALEMEDA PKU 326 1ST ST., SUITE 30 STREET ADORESS ARNOLD, M.D 21012 ANNAPOLIS MD 31403 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.13(1) THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST - ZIP CHTY-S'-ZIP ☐ Change Addition DELFTE 3 1 TiTLE TITLE 32 NAME : NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C/TY - \$1 - 7/F CITY-ST-ZIP Addition ☐ Change DELETE 4 1 TIFLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 Crty - St - ZIP 5000018298**5**5 -05/20/96--01056--035 CITY-ST-ZIP ☐ Addition DELETE 5 1 TrillE TITLE 5.2 NAME NAME ***200.00 5.3 STHEET ADDRESS STREET ADDRESS 5.4 C:TY-ST - 21P CITY - ST - ZIP Addition Change DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

6 4 CITY - S1 - 7:P

SIGNATURE:

STREE" ADDRESS

14. I do hereby certify that the information supplied with this fling 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 certify that I 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. 1.20.96