FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 APPROVED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DEC 23 AM 11: 15 1996 DIVISION OF CORPORATIONS DOCUMENT # () OF SUN SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 5920 SW 58 CH 5920 SW58 CT DAVIE 71 33314 DAVIE 71 33314 3a. Date of Last Report 3. Date Incorporated or Qualified 28. Mailing Address 26. 5920 SW 58 U 2. Principal Place of Business Applied For SW 58 Ct ,5920 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required 6. Election Campaign Financing City & State City & State \$5.00 May Be 71 DAVIE П Trust Fund Contribution 23 Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, BrowARD 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CHRISTIAN DAVID P. CASANI 82 suite 100 GIAdes Road 83 BOCA RATON F١ 33431 84 AVIE 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 SIGNATURE 12/3/96 (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1. 1 TITLE TITLE President JERRY A. HART 1.2 NAME NAME 5920 SW 58 CT 1.3 STREET ADDRESS STREET ADDRESS. DAVIE 21 33314 C11Y-ST-7/2 1.4 CITY-ST-ZIP VICE PRESIDENT DELETE 2. 1 TITLE ☐ Change ☐ Addition TITLE Phillip AND REOIA NAME 2.2 NAME 1385 NW 126 WAY 2.3 STREET ADDRESS STREET ACCRESS 35323 SUNRISE 71 2.4 CITY - ST - ZIP CHY-ST-ZIP TITLE DELETE 3. 1 TITLE Change Addition ANGELO ROMANI MAME 3 2 NAME a300 BIADES ROAD SUITE ROOW 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-ZIP CITY - ST - ZIP TIFLE # DELETE 500002040465 ^{0.66} 4.1 TITLE NAME 4.2 NAME -12/30/96--01008--014 STEE**Y** ADDRESS 4.3 STREET ADDRESS *****61.25 *****61.25 CHY-ST-ZIE 4.4 CITY - ST - ZIP DELETE Change Addition 1915 5 1 TITLE NAME 5.2 NAME STREGE ADDRESS 5.3 STREET ADDRESS COTY - \$1 - 71P 5.4 CITY-ST-ZIP DELETE 6 1 TIFLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(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 eath; 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.

NING OFFICER OR DIRECTOR

SIGNATURE