FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000008679 (9) DOCUMENT # Corporation Name KATHLEEN A. KNOX. P.A. Principal Place of Business Mailing Address 2824 N 34TH AVENUE 2824 N 34TH AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FELNumber Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zip Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWART, HARRY J Street Address (P.O. Box Number is Not Acceptable) 717 E OAK STREET KISSIMMEE FL 34744 83 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or pented harne of registered agent and the many license #201E Registered Agent signature regioned when renstaring 12. OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 7111.6 ☐ Change ☐ Addition KNOX, KATHLEEN A NAME 1.2 NAME 2824 N 34TH AVE STREET ADDRESS 13 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 14 CiTY - ST - ZIP TITLE ☐ DELETE 2 1 TITLE Cnange ■ Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 24 CITY - ST - ZIP TITLE DELETÉ 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHTY - ST - ZIP TITLE DELETE 4 1 TIFLE ☐ Change Addition NAME 4.2 NAME 200001808862 -05/06/96--01<u>030--029</u> STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 THILE ***2<u>00.00</u> ■ Addition ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET AUDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 III.E Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 indical d 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 appears in Block 12 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 if shapped or on a stack-population.

SIGNATURE:

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION 49.292 Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000008679 Kathleen A. Knox, P.A. Principal Place of Business Mailing Address 2824 N 34th Avenue 717 East Oak Street Hollywood, FL 33021 Kissimmee, FL 34744 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3301750 Not Applicable Suite. Apt. #. etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 XXYes Fiorida Statutes [] No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Harry J. Swart, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 717 East Oak Street Kissimmee, FL 34744 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Flor da 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. Shalative, typica or printed came of requirent agent and the happicable (NOTE Registered Agent's gradue required when recisted sgr 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TiTLE n DELETE 15/2 1 1 DILE Change NAME Kathleen A. Knox L2 NAME E034 STREET ADDRESS. 2824 N 34th Avenue 1.3 STREET ADDRESS CITY ST-ZIP Hollywood, FL 33021 1.4 CITY - ST - ZIP TITLE DELETE 2.1 JULE ___ Change Add tion NAME 2.2 NAME STHEET ADDRESS 2.3 STREET ADDRESS Offy ST ZIP 2.4 CITY - ST - ZIP Tille DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY ST ZIP TIFLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIP 4.4 CHY ST ZIP TITLE DELETE 5 THE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 54 CHY-ST ZP TULE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this living is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Floring Statutes 1 further certify that the information indigated on this annual report or supplemental annual report is true and accurate and that my signature shall have if e same legal effect as if made under oath, that I am an office 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 Brock 13 if changed, or off an attackment with an address.

SIGNATURE:

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