FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008854

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90188 016 ***150.00

ANDREW B GREENMAN, INC. Principal Place of Business Mailing Address 1940 HARRISON ST 1940 HARRISON ST 2048 204B HOLLYWOOD FL 33020 HOLLYWOOD FL 33030 DO NOT WRITE IN THIS SPACE US US 3. Date incorporated or Qualifed 01/27/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0552623 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing - [7 Added to Fees 23 28 Trust Fund Contribution Country Country Zip This corporation owes the current year Intangible Zip □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GREENMAN, ANDREW B 82 Street Address (P.O. Box Number is Not Acceptable) 3543 EMERALD OAKS DRIVE HOLYWOOD FL 33021 83 84 Zip Code 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 requ Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition ☐ DÉLETE 117ITE TITLE GREENMAN, ANDREW B 1.2 NAME NAME 3543 EMERALD OAKS DRIVE 1.3 STREET ADDRESS STREET ADDRESS HOLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE GREENMAN, BRENDA R 2.2 NAME NAME 3543 EMERALD OAKS DRIVE 2.3 STREET ADDRESS STREET ADDRESS HOLYWOOD FL 33021 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SHORWING REDUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

☐ Addition

☐ Addition