FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 3-1613-C P95000016267 (3) DOCUMENT # MARVIN J. PERCHER INC. Principal Place of Business Mailing Address 3750 CONSUMER STREET 3750 CONSUMER STREET SUITE B SUITE B RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 65-0560942 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required Orty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zω 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 PERCHER, MARVIN J 82 Street Address (P.O. Box Number is Not Acceptable) 3750 CONSUMER STREET SUITE B 83 RIMERA BEACH FL 33404 84 City 85 Zip Code 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 607.0506, Florida Statutes. SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Resident THILE DELETE 1.17(7) ☐ Change ☐ Addition Marvin J. Rechar St., Suite B NAME 1.2 NAME STREET ADDRESS. 1.3 STREET ADDRESS Riviere Beach, Fr 33404-1765 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition NAM-2.2 NAME STHELL ADDRESS 2.3 STREET ADDRESS CITY - \$1 - 20P 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change ☐ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZP 3.4 CITY-ST-ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-SI-ZP 44 CHTY-ST-ZIP TITLE DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - ZIP THUE DELETE 6. 1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7iP 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)(4). 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 3 if changed, or on an exachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINCED RAME OF SIGNING OFFICER OR DIRECTOR

9/22/94 848-8888