2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P95000039897 1. Entity Name PARKWIN PROPERTIES, INC. 04-16-2001 90256 041 ***150.00 Principal Place of Business Mailing Address 5255 N FEDERAL HWY 5255 N FEDERAL HWY 3RD FLOOR 74001V 3RD FLOOR **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. Applied For City & State 4. FEI Number City & State 65-0585514 Not Applicable Country. Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bruce D. Godwin BEILLY, BRADFORD J ESQ Street Address (P.O. Box Number is Not Acceptable) 790 EAST BROWARD BLVD. SUITE 200 FT. LAUDERDALE FL 33301 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. - DY - 0 1 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME GODWIN, BRUCE D NAME STREET ADDRESS 5255 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE PARK, GERALD E NAME NAME STREET ADORESS 5255 N FEDERAL HWY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33487** _ Change. ☐ Addition Delete -TITLE TITLE GODWIN, KELLY A. NAME NAME 5255 N. FEDERAL HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition ☐ Delete TITLE TITLE PARK, KARA M. NAME NAME STREET AODRESS 5255 N. FEDERAL HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITI F TITLE

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce D. Godwin 1/4/00

561-241-6161

Daytime Phone #