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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000039925 (9)**

1. Corporation Name
SPECIAL FINANCE, INC.

Principal Place of Business
500 CYPRESS CREEK RD W
SUITE 590
FT LAUDERDALE FL 33309

Mailing Address
PO BOX 8367
FT LAUDERDALE FL 33310-8367

3. Date Incorporated or Qualified: **05/19/1995**
3a. Date of Last Report: **03/18/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: ~~APPLIED FOR~~ 65-0648749 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
EMO CORPORATE SERVICES, INC.
100 NE 3 AVE
SUITE 1100
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name: Mercedes Padin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 500 Cypress Creek Road West, Ste 590
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: Mercedes Padin — Mercedes Padin — 3/10/97
Signature, Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BARTOLINI, ROBERT R 500 CYPRESS CREEK RD., STE 590 FT LAUDERDALE FL 33309 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CEO SILVESTRI, SR., LEONARD 600 Corporate Dr Ste 600 Ft. Lauderdale, FL 33334 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ EXEC VP/SECY/DIR SCHAEFFER, JOHN T 500 CYPRESS CREEK RD., STE 590 FT LAUDERDALE FL 33309 ☐ DELETE (X) Change	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President SILVESTRI, JR., LEONARD 600 Corporate Dr Ste 600 Ft. Lauderdale, FL 33334 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPAS~~ TREAS & ASST.SECY. CARLSON, ROBERT J 500 CYPRESS CREEK RD., STE 590 FT LAUDERDALE FL 33309 ☐ DELETE (X) Change	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT LAVIGNE, DENNIS R 500 CYPRESS CREEK RD., STE 590 FT LAUDERDALE FL 33309 ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOODSIDE, JOANN 500 CYPRESS CREEK RD., STE 590 FT LAUDERDALE FL 33309 ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 a 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.

SIGNATURE: Robert J. Carlson — Robert J. Carlson, Asst Secretary — 3/10/97 — 954-958-3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #