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

PROFIT FILED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Feb 13 1998 8:00 am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # P95000043749 (7) WHIMSICAL, INC. Mailing Address Principal Place of Business 9220 N.W. 32ND MANOR 9220 N.W. 32ND MANOR SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0586653 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 $Z_{\rm ID}$ Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **81** Name PERIERA, JOSEPH A JR. 10300 S.W. 72ND ST. Street Address (P.O. Box Number is Not Acceptable) #470C 83 **MIAMI FL 33173** 84 City Zip Code 85 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, type-stor pontrid name of regulariest agent and title if applicable (NOT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE CALABRESE, NANCY NAME 9220 N.W. 32ND MANOR STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33351 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2171715 ALONGI, CAROL NAME 22 NAME 965 N.W. 79TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL 33324** CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 City-St-ZiP

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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in charging, or the an address.

SIGNATURE: