FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000051757

1. Corporation Name

SWITCH ENTERPRISES INC

Principal Place of Business	Mailing Address
7154 North University Drive Suite 89 Tamarac FLA 33321	

3. Date Incorporated or Qualified: June 29, 1995	3a. Date of Last Report: June 95		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0593815	☐ Applied For ☐ Not Applicable
21 7154 N University Dr	26 7154 N University Drive		
Suite, Apt. #, etc.: 22 Suite 89	Suite, Apt. #, etc.: 27 Suite 89	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State: 23 Tamarac FLA	City & State: 28 Tamarac FLA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 33321 Country: 25 Broward	Zip: 29 33321 Country: 30 Broward	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
White & Coughlin, PA 1401 University Drive Suite 600 Coral Springs FLA 33071	81 Name: JOHN L Lewis 82 Street Address (P.O. Box Number is Not Acceptable): 9103 N W 67TH Court 83 84 City: Tamarac FL 85 Zip Code: 33321

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: JOHN L Lewis Secretary/Treas — 4-11-96
Signature, typed 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	Mark Schneider President 9103 NW 67 Court Tamarac FLA 33321 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Mark Schneider 9103 NW 67 Court Tamarac FLA 33321 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer 9103 NW 67 Court Tamarac FLA 33321 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer John L Lewis 9103 NW 67 Court Tamarac FLA 33321 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Timothy Switchenko 7310 Westwood Drive Tamarac FLA 33321 ☒ 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	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 200001784782 -04/18/96--01008--011 ***208.75
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 4-17-96 JR

CR2E034 (12/95)

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)(k), 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.

SIGNATURE: JOHN L Lewis Secretary/Treas — 4-11-96 — 954-726-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #