FILE NOW: FILING FEE AFTER MAY 1 IS \$2 **PROFIT** FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of Sta 1996 DIVISION OF CORPOR HONS P95000056446 (4) DOCUMENT # DIVISION INVESTMENTS, INC. Principal Place of Business Mailing Address 22976 A OXFORD PLACE 22976 A OXFORD PLACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0593350 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Co Zιρ Country Zio 8. This corporation has liability for intangible tax under s 199,032, 29 25 30 24 Florida Statutes ¥ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **BROWN, GARY** Street Address (P.O. Box Number is Not Acceptable) 22976 A OXFORD PLACE **BOCA RATON FL 33433** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abor registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. named corporation submits this statement for the purpose of changing its registered office coration's board of directors. I hereby accept the appointment as registered agent. I am Signature, typed or printed name of registered agent and title if applicable if signature required wher reinstating) OFFICERS AND DIRECTORS 12 CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition NAME GARY BROWN 22976 A OXFORD PLACE STREET ADDRESS ADDRESS BOCA RATON, FL. 33483 CITY-ST-ZIP ST-ZIP DELETE TITLE Change ■ Addition NAME STREET ADDRESS ADDRESS CITY-ST-ZIP 7 - 71P DELETE TITLE Change ☐ Addition NAME STREET ADDRESS ADDRESS CITY - ST - 2(P i - ZIP DELETE TITLE Change Addition NAME STREET ADDRESS ADDRESS CITY-ST-ZIP i1 - ZIP DELETE TITLE Change Addition NAME STREET ADDRESS ADDRESS CITY-ST-ZIP ST - Z(P DELETE TITLE Change Addition NAME STREET ADDRESS ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished an certify that the information indicated on this annual report or supplemental annual report oath; that I am an office or director of the corporation or the receiver or trustee empor appears in Block 12 or Block 13 if changed, or on an attachment with an address. is not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ue and accurate and that my signature shall have the same legal effect as if made under to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

5/19/96 (407) 168 9509