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

FILED Mar 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000063937 (3) **DOCUMENT #** PAYLE INC. Principal Place of Business Mailing Address 200 BUSINESS PARKWAY 200 BUSINESS PARKWAY ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0614968 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zıp Country Žφ Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCINTOSH, HENRY PAYNE 200 BUSINESS PARKWAY Street Address (P.O. Box Number is Not Acceptable) SUITE C **ROYAL PALM BEACH FL 33411 B5** 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. layne 110 SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MCINTOSH, HENRY P NAME 1.2 NAME 330 E. LAKEWOOD RD STREET ADDRESS 1.3 STREET ADDRESS W PALM BEACH FL 33405 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 21 TITLE MCINTOSH, TRIESTE NAME 2.2 NAME 330 E. LAKEWOOD RD. STREET ADDRESS 2.3 STREET ADDRESS W PALM BEACH FL 33405 CITY-ST-ZIP 2. 4 CITY - ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TUTLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELFTE Change 5.1 TITLE Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Addition THILE

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapter 607, if chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 if chapter 607.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP