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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070151 (2)

EAST END INVESTMENTS, INC.

FILED Jan 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1520 SOUTH OCEAN BLVD 1520 SOUTH OCEAN BLVD. PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65:0623257 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ADLER, FREDERICK R. 1520 SOUTH OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 84 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1503, 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 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 DELETE TITL F Addition 1.1 TITLE Change NAME ADLER, FREDERICK R. 1.2 NAME 1520 SOUTH OCEAN BLVD STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 2.1 TITLE NAME CHAPMAN, PHILIP R 2.2 NAME C/O VENAD, 100 FIRST STAMFORD PLACE STREET ADDRESS 2.3 STREET ADDRESS STAMFORD CT CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition NAME NICKSE, JAY S STREET ADDRESS C/O VENAD, 100 FIRST STAMFORD PLACE 3.3 STREET ADDRESS STAMFORD CT CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME NUSSBAUM, SHELDON 4.2 NAME C/O FULBRIGHT & JAWORSKI, LLP, 666 5TH AVE STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 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

RED Jon 153198

561-658-1520

(ZE034 (10/97)