FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P95000094688 G & K MANAGEMENT, INC. 04-23-2001 90157 028 ***150.00 Principal Place of Business Mailing Address HASVANDO BUILDING HASVANDO BUILDING 4445 N. A1A, SUITE 200 4445 N. A1A. SUITE 200 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0679438 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, JOHN E. III Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH FL 32963 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. \square Delete TITLE TITLE GRIMM, HANS NAME NAME STREET ADDRESS STREET ADDRESS FARNWEG 12. D - 73734 CITY-ST-ZIP CITY-ST-ZIP ESSLINGEN, GERMANY TITLE TITLE Defete NAME NAME GRIMM, SVEN STREET ADDRESS STREET ADDRESS WAGENMANNSTEIGE 19, D.73760 CITY-ST-ZIP CITY-ST-ZIP OSTFILDERN GE TITLE Delete KOBER, JOYCE M. 4445 N. AIA-Ste 200 VERO BEACH, FL 32963 NAME ALEXANDER, JOANNE E STREET ADDRESS STREET ADDRESS 4445 N A1A STE 200 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Del.

Del.

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indicated on this report or supplemental 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 11 or Block 12 if