FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000095664 (5) PRODUCTIVITY PARTNERS II. INC. Mailing Address Principal Place of Business 1095 SHOTGUN ROAD 1095 SHOTGUN ROAD SUNRISE FL 33326 SHIMRISE FL 33326 3a. Date of Last Report 3. Date Incorporated or Qualified 12/18/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business 65 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Gertificate of Status Desired Suite, Apt. #, etc. Fee Required 22 6. Election Campaign Financing **\$5.00** May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 This corporation has fiability for intangible tax under s 199.032, Country Z_{10} Ζıρ Country ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HEALY, DAVID P R2 106 EAST COLLEGE AVENUE 83 **SUITE 1200** TALLAHASSEE FL 32301 Zip Code 85 84 City 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, and accept the obligations of, Section 607.0505, Florida Statutes. DATE (12/95)SIGNATURE INCITE Required Agent signature required when renorating Signature, typed or ported name of paystener against and their applicance ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Add tion Change DELETE 1 1 THUE TITLE CR2E034 HERMANNS, RICHARD F 1.2 NAME NAME 1095 SHOTGUN ROAD 13 STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 14 CHY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 2.1 THE TITLE SOSCIA, DIANA E NAME 2.3 STREET ADDRESS 1095 SHOTGUN ROAD STREET ADDRESS SUNRISE FL 33326 24 Offy ST-Ziff CITY - S1 - ZIP Change ☐ Addition DELETE 3 1 7/11/8 TITLE 3.2 NAME WILLOCKS, JAMES S MAME 1095 SHOTGUN ROAD 3.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 3.4 CITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELFTE 4 1 11111 TITLE ESCARZAGA, WALTER 4.2 NAME NAME 1095 SHOTGUN ROAD 4.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33326 4.4 CITY - ST - ZIP CITY-ST ZIP Addition ☐ Change T] DELETE 5.1 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY ST-ZIF CITY - ST - ZIP ☐ Change Addition

A voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further application in the same legal effect as if made under the same legal effect as if made under the same empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name CHTY-ST-ZIP 14. I do hereby certify that the information supplied with this filing certify that the information indicated on this annual coordinate, that I am an officer or director of the kidproration optice. ith an address appears in Block 12 or

6 1 T TEE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE

SIGNATURE:

THILE

NAME

STREET ADDRESS