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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 97 JUL -2 MII: 06 1997 **DIVISION OF CORPORATIONS** P96000028852 DOCUMENT # SECTION OF STATE TALLAHADSEE, FLORIDA HABER - VANGE, INC. Principal Place of Business Mailing Address 526 S. WASHINGTON SAME BLYO. 50RASOTA, FL. 34236 3. Date Incorporated or Qualified 4/1/96 3a. Date of Last Report 2. Principal Place of Business 2a. Malling Address ▲ Applied For 21 26 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 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HABER, CLARA 526 S. WASHINGTON BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) 83 SARAGUTA PL 34236 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Change Addition TITLE 1) THE FURMWEKY, ISPAUL HABBER CLARA 526 S. WASHINGTON BLUD 1.2 NAME NAME E034 526 S. WASHINGTON BLUD. 1.3 STREET ADDRESS STREET ADDRESS CARASUTTO, FL. 34236 SARASCIA, FL. 34236 CITY - ST - ZIP 1.4 O(1Y - S1 - Z(P) TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TIFLE 3 2 NAME NAME -07/08/97---01040---017 STREET ADDRESS 3.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 3.4 CHY-SI-ZIP TITLE DELETE 41TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 51 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - \$1 - 7IP DELETE TITLE GI TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this biling 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 I've 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 of 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 12 if changes from an attachment with an address. 192A02 FURMANSKY 6/25/97 (941)364-9002

Haber-Vange

526 S. Washington Blvd. Sarasota, FL 34236

June 28, 1997

Florida Department of State Division of Corporations P.O Box 6327 Tallahassee, FL. 32314

To whom it may concern:

Enclosed you will find payment for the filling fee, this is the first correspondence that I have received from the Florida department of State. I spoke to Amy Allen regarding this situation and she sent me this application Thank you for prompt attention to this matter.

Sincerely Israel Furmansky