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

SIGNATURE:

PROFIT FLORIDA PEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1997 97 799 25 79 1:09 DOCUMENT # P96000040152 LARAPATOR BY STATE XEDNAH CORP. Principal Place of Business Mailing Address 96 Buena Vista Avenue 96 Buena Vista Avenue Rumson, NJ 07760 Rumson, NJ 07760 3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/96 4. FEI Number Applied For 2. Principal Piace of Business 2a. Mailing Address 58-2243154 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 25 Yes X No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Tallahassee, Florida 32301-2525 83 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 Sugnature, typed or pricted name of registered agent and title if applicable (NOTE Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 96/6) Change X Addition DELETE 1.1 TITLE THE D P/S/T 1.2 NAME NAME Curtis Lee Smith, Jr. CR2E034 1.3 STREET ADDRESS STREET ADDRESS 96 Buena Vista Avenue 1.4 CITY-ST-ZIP CHY-ST-20 Rumson NJ 07760 DELETE 2.1 TITLE ☐ Change ☐ Addition THLE NAME 22 NAME **8000002154938**-2 3 STREET ADDRESS STREET ADDRESS -04/25/97--01045--013 2.4 CITY - ST. 7 P CITY-ST 20 DELETE 3.1 TITLE HH 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CHY SI-Z5 DELETE 4.1 TITLE Change Addition 101.14. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZiP (1y -51-7H) DELETE Change Addition 5.1 THEF TRUE NAM5 5.2 NAME mus 5 3 STREET ADDRESS STEELET ACORESS 5 4 CITY - ST- ZIP CHY ST 20 DELETE TIBLE 61 TITLE Change Add-tion NAMI 6 2 NAME STREET ALIDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP COY 51 70 I do hereby certify that the information supplied with this lying 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 point is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corpy ation of the receiver or true the empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 3 if cylanged, or an angulachment, but has address. 14. I do hereby certify that the information supplied with this

· Curtis Lee Smith, Jr., President

GNING OFFICER OR DIRECTOR

23|97 (908) 536-8667 Daytime Phone # Ext 125