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

FILED Mar 13 1998 8:00am LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P96000055521 (4) DOCUMENT # D.M. CANTWELL, INC. Principal Place of Business Mailing Address 8198 NW 15 COURT 8198 NW 15 COURT CORAL SPRINGS FL 33071-6211 CORAL SPRINGS FL 33071-6211 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 65-0678123 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes X No 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CANTWELL, DAVID M 8198 NW 15 COURT 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071-6211 **B3** 84 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 wilk and pooling tips of, Section 607.0505, Florida Statutes. (NC)TE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1,1 TITLE TITLE CANTWELL, DAVID M 1.2 NAME NAME STREET ADDRESS 8198 NW 15 COURT 1.3 STREET ADDRESS CORAL SPRINGS FL 33071-6211 CITY - ST - 7IP 1.4 CITY - S1 - ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-7IF 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP 14. 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 indicated on this annual report or supplied entrained 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

SIGNATURE:

Block 12 or Block 13 if changed, or on n

NAME

STREET ADDRESS

954-753-2220