FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 13 1998 8:00am FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # Principal Place of Business Mailing Address P.O. BOX 812037 DO NOT WRITE IN THIS SPACE BOCA RATON FL 33481-2037 3. Date Incorporated or Qualified 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 11. 2715097 Not Applicable Suite, Apt #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GEOFFLEY N. OAKDEN 7010 NW 3/2 AVE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FI. 33487 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typod or printed name of registered agent and title if applicable Registered Agent signature reg OFFICERS AND DIRECTORS CR2E034 (10/97 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TITLE OAKUEN Change Addition NAME 1.2 NAME STREET ANDRESS 1.3 STREET ADORESS CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAMÉ 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change 3 1 TITLE ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 990002487563 DELETE 5.1 TITLE -04/14/98--01018--007 5.2 NAME NAME ***165.00 STREET ADDRESS 5.3 STREET ADDRESS 5 4 CHY - ST - ZIP

6.4 CITY - ST - ZIP 14. I hereby 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 supplemental annual 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 12 or Block 13 if changed, or on an attractment with an address.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

CHY-\$1-ZIP

STREET ADDRESS

3041

Joy N Oulan

DELETE

Man 24 98

(561) 988 2187

Change

Addition