SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 OCT 15 PM 12: 101 1997 DIVISION OF CORPORATIONS DOCUMENT # P96000088646 (0) SUCRETARY OF STATE TALLABASSEE FLORIDA LVJB, INC. NIC 06/20197 Principal Place of Business Mailing Address 100 WEST CYPRESS CREEK ROAD 100 WEST CYPRESS CREEK ROAD **SUITE 1055 SUITE 1055** DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 10/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BUCCI, JAMES** 100 WEST CYPRESS CREEK ROAD Street Address (P.O. Box Mulable) No Adagptable: 82 **SUITE 1055** -10/17/97--01095--001 83 FORT LAUDERDALE FL 33309 ****750,00 ****750.00 85 Zip Code 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. 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 if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 TITLE DELETE 1.1 DTLF Addition BUCCI, JAMES 1.2 NAME NAME 100 WEST CYPRESS CREEK ROAD, SUITE 1055 STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 TITLE VENTIMIGLIA, LEONARD A NAME 2.2 NAME 100 WEST CYPRESS CREEK ROAD, SUITE 1055 STREET ADDRESS 23 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 2. 4 DITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIF CITY-ST-ZIP DELFTE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIF CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 69 STREET ADDRESS

6.4 CHY-ST-ZIP

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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

10.10

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14. I do 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

CIMALIUM POMILIE

City-ST-ZIP