Addition

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| | ROFIT | OW. | FLORIDA DEPA | RTMENT OF | STATE | | FILED | | | | | |
| CORPORATION | | | Katheri | | ine Harris | | • | 0.07 | | | | |
| i | AL REPORT | | Secretar | | y of State | | 90 MER 28 MI 10: 27 | | | | | |
| L | 1999 | | DIVISION OF | CORPORATION | SNC | | | STATE | | | | |
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| THE IRVI | NGTON CORPORA | ATION | | | | | | | | | | |
| 1 | | | | | | 1 (61)18 | (1 | 46 61 1 | | | | |
| Principal Place | of Rusiness | B.f.n.ii | ing Address | | | | | | | | | |
| 1360 SOUTH OC | | | S OCEAN BLVD | | | | | | | | | |
| POMPANO BEAC | | | E 1905 | | | | | | | | | |
| | | POMI US | PANO BEACH FL 333 | BEACH FL 33301 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | | |
| } | | 03 | | | | 11/12/19 | | | | | | |
| 2. Principal Pla | ace of Business | 2a. 1 | Mailing Address | | | 4. FE! Numbe | | | Apr | lied For | | |
| 21 | | 26 | | | | 65-34230 | 088 | | | Applicable | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc | | | | of Status Desired | 1 | \$8.75 A | | | |
| 22 City & State | | 27 | City & State | | | | | | Fee Red | i | | |
| 23 | | 28 | Sity & State | | | | mpaign Financing Contribution | [] | \$5.00 i Added to | | | |
| Zip | Country | | ' ιρ | Country | | + | ation owes the curre | nt year Intan | ** * | | | |
| 24 | 25 | 29 | | 30 | | l l | roperty Tax | _ | | [INo | | |
| | 9. Name and Addres | s of Current Registe | red Agent | B1 | Name | 10. Name and | Address of New Re | egistered A | gent | | | |
| HOLL | AND & KNIGHT LLP | | | [[| Intr | astate Regi | stered Age | nt Corp | oratio | on . | | |
| 701 BRICKELL AVE. 82 Successful Addre | | | | | | e ^{re} 3666 , ^{Bo} ንቨ1 | nber is Not Acceptat Brickell | (venue | | | | |
| SUITE 3000 | | | | | | | | | | | | |
| MAIM | I FL 33131 | | | 84 | City | | * * | i | 85 Zip C | nde | | |
| | | | | | Miam | | e e | FL | 331 | 31 | | |
| 11. Pursuant to office or re | o the provisions of Section gister by agent, or both, in Tanglik (with and accept |) 16 607 0502 and 607 In the State of Florida | .1508, Florida Statut Such change was a | les, the above authorized by t | -named co he corpora | rporation submits thi dion's board of direct | s statement for the p ors. Thereby accept | urpose of ch the appointi | nanging its r ment as reg | registered istered | | |
| agent. I am | YNYKASTATE*CRY | Litshipped Ac | ent ecorpor | ATT Statutes. | | | | | | | | |
| SIGNATURE | signature, types of printed name o | registered agent and utle (a | pplicable (NOTE | S Registere LAgent | teven squaling requ | Sonberg, V | ice Preside | ent 4 | /26/99 | } . | | |
| 12. | | FICERS AND DIREC | IORS | 13. | | | CHANGES TO OFF | ICERS AND | | | | |
| i 1 | DPST | | [] DELETE | 11TITLE | | 4.0 | | | Change | [_] Addition | | |
| | GARFIELD, EUGENE | LDIND #100E | | 1.2 NAME | | e4 (| 9200026 -05/11/ | 3 (U4) 100011 | ⊦∠′4+≏ 0090 | - 1 | | |
| | 1360 SOUTH OCEAN POMPANO BEACH F | | | 13 STREET | | | ****15 | | ¢***15 | | | |
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| NAME | | | | 2.2 NAME | ĺ | | | | . , 3- | 2,1100 | | |
| STREET ADDRESS | | | | 23\$1REET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | 2 4 CITY-ST | -717 | | | | | | | |
| TITUE | | | [] DELETE | 3.1 TITLE | | | | ĺ | j Change | [] Add tion | | |
| NAME | | | | 3.2 NAME | | | | | | | | |
| STREET ADORESS | | | | 33 STREFT / | | | | | | | | |
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| NAME | | | | 4 2 NAME | | | | • | , | C. 1 | | |
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| CITY-ST-ZIP | | | | 44 CITY-ST- | Z IP | | | | | | | |
| TITLE | | | ["] DELETE | 5 1 TITLE | | | | [| Change | [] Addition | | |
| NAME | | | | 5.2 NAME | Annores | | | | | | | |

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 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 find accurate and that my signalure shall have the same legal effect as if made under oath, that I am a officer or director of the corporation or the receives of trustee emptivered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other live empowered.

54 CiTy-ST-ZiP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADORESS

NAME

MATURE AND TYPE OF PRINTED WASH OF SIGNIFF OFFICER OR DIRECTOR

DELETE

4/25/99 (954)942-4989