2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000039779 THE HAWKE GROUP, INC. FILED Mar 20, 2000 8:00 am Secretary of State

| THE HAWKE GROUP, INC. | | | | | | | Secretary of State 03-20-2000 90084 010 ***150.00 | | | |
|--|--------------------------|--|---|------------------|---------------------------------------|--------------------|--|-------------|-----------------------------|--|
| Principal Plac | e of Business | 3 | Mailing | g Address | | | | | | |
| 1000 N.E. 30TH PLACE Suite 410 T Lauderdale Fl 33306 | | | 3000 N.E. 30TH PLACE SUITE 410 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | . , | | | 7 s. z.r | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | | City & State | | | 4. 1 | El Number 65-0748877 | | pplied For of Applicable | |
| Zip Country | | | Zip | | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| | 6. Name | and Address of Current R | legistere | d Agent | | 7. N | lame and Address of New Registered | Agent | | |
| | | | 1 | | Name | | | | | |
| EDWARDS, GREGORY N 3000 N.E. 30TH PLACE | | | | Street Address (| | | (P.O. Box Number is Not Acceptable) | | | |
| SUITE 410 FT LAUDERDALE FL 33306 | | | | | City | | Fl | Zip Code | e | |
| | | | · | | | | | <u>-</u> | | |
| Signature, typed or printed name of registered agent an 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Star | | | 0.00 | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 11. | | OFFICERS AND C | DIRECTO | RS | 12. | AD | DITIONS/CHANGES TO OFFICERS AN | D DIRECTORS | 3 IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 0.0 02 | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EDWARDS 2623 ALM | S, GREGORY N IANDA COURT ERDALE FL 33301 | • | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , , _ . | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Defate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ DeInte | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | _ | ☐ Change | ☐ Addition (| |
| TITLE NAME STREET ADDRESS | | | - | ☐ Delete | TITLE NAME STREET ADDRESS | _ | | ☐ Change | Addition | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: _>

SIGNATURE AND YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00_

954 464 7714 Daylime Phone # CDZE034 (8/88)