FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED May 17, 1999 8:00 am — Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 05-17-1999 90060 016 ***158.75 1999 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P-97000042812 F.P.W.B. PROPERTIES, INC. Principal Place of Business Mailing Address 1460 SW 20TH ST 1460 SW 20TH ST PO BOX 39 PO BOX 39 BOCA RATON FL 33429-7039 BOCA RATON FL 33429-7039 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 1460 SW ZOST Applied For 1450 **€**₩ Not Applicable Suite, Apt. #, etc. P.O. BOX P. 0 Box 39 \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing KATIM \$5.00 May Be BOLA RAYM EL 100 CA Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intengible 25 リノメ 29 30 Personal Property Tax. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCHOENFELDT, JEFFREY S 1460 SW 20TH ST Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 807.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 requ 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE t t title Change Addition SCHOENFELDT, JEFFREY S. NAME 12 NAME 1460 SW 20TH ST STREET ADDRESS 13 STREET ADDRESS **BOCA RATON, FL 00000** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE ☐ Change ☐ Addition NAME 2.2 NAME 8707 JEFFENSON AVE STREET ADDRESS 23 STREET ADDRESS MUNITON, IN 46321 CITY-51-ZP 2.4 CITY-ST-ZIP me 3.1 TITLE Change ☐ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-21P 3.4. CITY-ST-ZIP MLE ☐ DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 5.1 tm.E Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY: ST: ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS &3 STREET ADDRESS

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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 attachment with an address, with all other like empowered.

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