FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 20, 2000 8:00 am 17000075374 DOCUMENT # 3 Secretary of State Graham Hanover, Inc. 05-15-2000 90310 012 ***150.00 Principal Place of Business Mailing Address 8480 WinnipesaukeeWay Lake Worth, Florida 17857 2. Principal Place of Business 3. Mailing Address 480 Winnipesankee Way 8480 Winnipesauker Way Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For ake worth Laice Worth 0778106 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIA Street Address (P.O. Box Number is Not Acceptable) La Costa Drive BOCA RATON, Fla. 33462 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MIN SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/99 TITLE President ☐ Delete TITI F ■ Addition NAME Therol voche NAME 5519 N. Military Trail #1007 Boca Raton, Fla 33496 Vice President, Marketing Delete STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME Thelka Rowe NAME 6347 La COSTA Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 addre all other like empowered SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Graham Hanover, Inc. DOC# P9700007577 8480 Winnipesantee Way Lake Worth Florien 33467 Phone: 561 213-0246 Fx 561 994-2270

lorida Department

of State

invision of Corporations

orporate Records

on Box 6327

allahassee, Fla. 32314

icar Sirs Re Graham Hanover, Inc. P.97000075374

lease find enclosed corrected 2000 Uniform Business Report is reply to your letter to us dated May 23,2000.

indy note our new address.

Thanking you.

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