2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P97000093012 1. Entity Name 04-05-2004 90406 047 ***158.75 STREICHER REALTY, INC. Principal Place of Business Mailing Address 800 W. CYPRESS CREEK RD., STE. 580 800 W. CYPRESS CREEK RD., STE. 580 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0797838 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change ☐ Addition MARKE GATHRIGHT, RICHARD E NAME STREET ADDRESS 800 W. CYPRESS CREEK RD., STE. 580 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP VTS TITLE Delete TITLE Change ☐ Addition NAME SHORE, MICHAEL S NAME 800 W. CYPRESS CREEK RD., STE. 580 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-7IP TITLE VTSD-----🕶 🕒 Delete TITLE NAME SHORE, MICHAEL S NAME STREET ADDRESS 800 W CYPRESS CREEK RD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PICOW, ROBERT S NAME STREET ADDRESS 800 W. CYPRESS CREEK RD., STE. 580 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7(T) F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Michael S. Shore, VTSD

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIREC

FILED