FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P97000098793 1. Entity Name 05-16-2001 90102 023 ***150.00 JERON GROUP, INC. Mailing Address Principal Place of Business 7062 CHESAPEAKE CIRCLE 7062 CHESAPEAKE CIRCLE **BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33462** 2. Principal Place of Business Mailing Address 3230 S. OCEANBUR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0797130 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EUNNIE STEINHART, SHARON Street Address (P.O. Box Number is Not Acceptable) 7062 CHESAPEAKE CIRCLE **BOYNTON BEACH FL 33462** 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. Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Z Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PRESIDENT SECOLI CR2E034 (10/00) Change Delete TITLE TITLE NAME 3230 S. OCEAN BLUD, #607 NAME 3 SECOLI, JEANNIE STREET ADDRESS STREET ADDRESS 3137 ALBAT ROSS RD PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH FL 33444 ☐ Addition Change ✓ Delete TITLE TITLE ST NAME NAME STEINHART, SHARON STREET ADDRESS STREET ADDRESS 7062 CHESAPEAKE CIRCLE CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33462** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Signature and Typed on Printed Name of Signing Officer or Director | Date | Daylime Phone #

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