2000 UNIFORM BUSINESS REPORT (UBR) P98000004865 DOCUMENT # May 20, 2000 8:00 am 1. Entity Name Profit Corporation Annual Report 1999 Secretary of State ARANAR, INC. 05-20-2000 90012 004 ***150.00 Principal Place of Business Mailing Address 7.2 701 Lake Avenue 701 Lake Avenue Lake Worth, FL 33460 Lake Worth, FL 33460 C0089596 3. Mailing Address 2. Principal Place of Business 312 Clematis St. 312 Clematis St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 407 Suite 407 City & State 4. FEI Number Applied For W. Palm Bch __FI Not Applicable 65-0823628 W. Palm Bch, \$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 <u>Jeffrev H. Diamond</u> Jeffrey H. Diamond Street Address (P.O. Box Number is Not Acceptable) 701 Lake AVenue 3474 S. Ocean Blvd. Lake Worth, FL 33401 Palm Beach, FL:33480 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIH-FEE IS \$150.00 5. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition ☐ Change ☐ Delete TITLE TITLE President NAME NAME Jeffrey H. Diamond STREET ADDRESS STREET ADDRESS 3474 S. Ocean Blvd. CITY-ST-ZIP CITY-ST-ZIP Palm Beach, FL 33480 ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 like empowered. 4 10/20+0 561833 -0082