2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 08:00 AM DOCUMENT # P98000018521 1. Entity Name **Secretary of State** JMD INVESTMENTS, INC. Principal Place of Business Mailing Address 700 UNIVERSE BOULEVARD 700 UNIVERSE BOULEVARD JUNO BEACH FL JUNO BEACH FL 33408 33408 2. Principal Place of Business 3. Mailing Address 700 UNIVERSE BOULEVARD 700 UNIVERSE BOULEVARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ATTN: DENNIS P. COYLE City & State City & State Applied For 4. FEI Number JUNO BEACH FL JUNO BEACH FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33408 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 9250 WEST FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI \mathbf{FL} 33174 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. 03/15/2000 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 12. TITLE D ☐ Delete TILE X Change ☐ Addition SCHULTZ ALEXANDER NAME SCHULTZ ALEXANDER STREET ADDRESS 700 UNIVERSE BOULEVARD STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH 33408 JUNO BEACH 33408 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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