FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am FLORIDA DEPARTMENT OF STATE **Katherine Harris Secretary of State** Secretary of State 03-03-1999 90019 003 ***150.00

DOCUMENT # P98000028939 ARLINGTON PARTNERS, INC. Mailing Address Principal Place of Business 1204 N. UNIVERSITY DRIVE 1204 N. UNIVERSITY DRIVE % PHYTRUST, LTD. % PHYTRUST. LTD. DO NOT WRITE IN THIS SPACE PLANTATION FL 33322 PLANTATION FL 33322 3. Date Incorporated or Qualifed 03/27/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0824241 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Ζip This corporation owes the current year Intangible Country Zip □No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent NATKOW, NEIL A Street Address (P.O. Box Number is Not Acceptable) 1204 N. UNIVERSITY DRIVE % PHYTRUST, LTD. 83 PLANTATION FL 33322 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE Director, President ,CEO & Assn't Sec. ☐ Change 1.1 TITLE TITLE Neil A. Natkow 1.2 NAME NAME 1204 N. University Drive 1.3 STREET ADDRESS STREET ADDRESS Plantation, FL 33322 1.4 CITY-ST-ZIP CITY-ST-ZIP **Addition** Change Director, E.V.P & Sec. - Treasurer DELETE 2.1 TITLE TITLE Keith Collins 22 NAME NAME 1204 N. University Drive 2.3 STREET ADDRESS STREET ADDRESS Plantation, FL 33322 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE C.hief Operating Officer TITLE 3.2 NAME Neil Berman NAME 1204 N. University Drive 3.3 STREET ADDRESS STREET ADDRESS Plantation, FL 33322 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE V.Pres.-Operations 4.2 NAME Kathy Butler NAME 1204 N. University Drive 4.3 STREET ADDRESS STREET ADDRESS MAIL THIS OPICIAL Plantation, FL 33322 14.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change SM TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 annual report or supplemental annual 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 odification or the leceiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachmental address, with all other like empowered.

SIGNATURE:

954-475-0707

Daytime Phone #

CR2E034 (11/98)