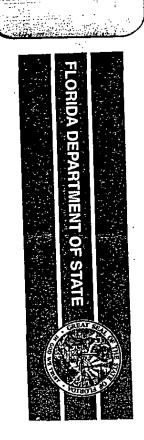
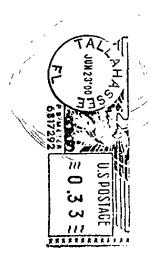
2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 03, 2000 8:00 am Secretary of State DOCUMENT # P98000041221 1. Entity Name Apex Group, Inc. 2704 John Anderson Dr. 08-03-2000 90001 032 ***150.00 Ormond Beach, FL 32176 Principal Place of Business Mailing Address Apex Group, Inc. Apex Group, Inc. 2704 John Anderson Dr. 2704 John Anderson Dr. Ormond Beach, FL 32176 Ormond Beach, FL 32176 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable 59-3564745 Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent John L. Rucker Street Address (P.O. Box Number is Not Acceptable) 2704 John Anderson Dr. Ormond Beach, FL 32176 Zip Code City 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 apphoable. (NOTE. Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 m. Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6)☐ Change ☐ Delets TITLE IXTLE PD MALIF ohn L Rucker STREET ADDRESS STREET ADDRESS 2704 John Anderson Dr. CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL-32176 ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Defete TITLE ☐ Change TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 en powered 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 attach with all other like empowered. SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/2 attachment 17 P98000041221

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314

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July 27, 2000

FL Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Apex Group, Inc. P98000041221 June 9, 2000 letter

I have enclosed the check for \$150 with the pay to the order of filled in as it was left inadvertently blank when first submitted. Also enclosed is a copy of your letter.

I am requesting the late fee be waived in that the letter was dated June 9, 2000 yet a copy of the envelope (enclosed) was not mailed until June 23, 2000, 14 days later and only recently received it as my work is mostly out of town.

Thank you for your consideration.

John Rucker