FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 19, 2001 8:00 am DOCUMENT # P98000041732 **Secretary of State** 1. Entity Name 05-19-2001 90284 025 ***150.00 SAILORS CHOICE CORPORATION Principal Place of Business Mailing Address Holiday Inn Marina P.O. Box 1976 Key Largo, Fl. 33037 m.m. 100 P.O. Box 1976 552827 33037 Key Largo, Fl. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0836469 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Connie Earhart 233 Glendale Drive Street Address (P.O. Box Number is Not Acceptable) P.O.Box 1976 Key Largo, F1.33037 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** (NOTE: Registered Agent signature required when reinstating) 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 filling 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 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delate TITLE TILE Carl M. Earhart 233 Glendale Drive MALES STREET ADDRESS STREET ADDRESS Key Largo, Fl. 33037 CITY-ST-ZIP CITY-ST-ZIF ■ Addition TETL F ☐ Deleta TITLE ☐ Chance Connie Earhart NALE NAME 233 Glendale Drive STREET ADDRESS STREET ADDRESS Key Largo, F1. 33037 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP Deteta TITLE ☐ Change Addition MLE MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII F ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP ■ Addition Detete TITLE ☐ Chance KALE 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.

(305)451-0041

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Connie Earhart

4/25/01

Daytime Phone #