DOCUMENT # P98000050736  1. Entity Name SOUTHERN SUN MANAGEMENT, INC.						Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90322 012 ***150.00			
Principal Place of Business 2300 E OAKLAND PARK BLVD #200 FORT LAUDERDALE FL 33306		Mailing Address 2300 E OAKLAND PARK BLVD #200 FORT LAUDERDALE FL 33306						- 🔾 🔾	, , <b></b>
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SE	PACE	
City & Stat	te	City & State			<b>4.</b> F	El Number <b>65-0848047</b>			olied For Applicable
Zip	Country Zip		Cour	Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LEVY, JEFFREY B .,ESQ 100 SE 6TH ST FORT LAUDERDALE FL 33301				Street Address (P.O. Box Number is Not Acceptable)  City					
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent at			ed office or ru			DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550. Make Check Payable to Department of			0.00 of State	10. Election Campaign Finar Trust Fund Contribution.		Added	May Be to Fees
11.	OFFICERS AND D	DIRECTORS	12.			DITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DURAND, SHAWN 3303 N.E. 32ND SREET FT LAUDERDALE FL 33311	☐ Delete		IE FET ADDRESS	190 BA	n, Jason ym Blud Hon, Fl 33317	·	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OTTO, WESLEY D 1048 NW 30 CT FORT LAUDERDALE FL 33311	☐ Delete		IE EET ADORESS	1528	Michael VE 32nd st 4, d Parak, Fl 333	,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	□ Delete		E	MARNE 1300 E	CHASE DARI		Change	Addition
					<del>~~1                                   </del>	special to the second		<u> </u>	

TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE: