2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000068961 May 01, 2000 8:00 am Secretary of State PARK REALTY GROUP, INC. 05-01-2000 90038 007 ***150.00 Mailing Address Principal Place of Business 1304 W WESTCHESTER DR 1304 W WESTCHESTER DR WEST PALM BEACH FL 33417-5742 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0855546 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FALK, KURT F Street Address (P.O. Box Number is Not Acceptable) 1304 W WESTCHESTER DR WEST PALM BEACH FL 33417 Zip Code City ۴L 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 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 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition CR2E034 (9/99 Change PSTD Delete TITLE TITLE FALK, KURT F NAME NAME 1304 W. WESTCHESTER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BCH FL 33417 CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE HAWKYARD, ANNE W NAME STREET ADDRESS 1304 W WESTCHESTER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33417 Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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