FILED Mar 24, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION Katherine Harris 03-24-1999 90039 016 ***150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000070602 GREGORY K. GORMAN, INC. Mailing Address Principal Place of Business 2650 NE 52ND 6T. LIGHTHOUSE PT, FL 33064-7052 2650 NE 52NO ST LIGHTHOUSE PT. P 33064-7052 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/10/1998 4. FEI Number Applied For 2a. Malling Address 2. Principal Place of Business 65 085435 Not Applicable \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Zip Personal Property Tax. Yes 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, STEPHEN G 2650 NE 52NQ ST. 82 Roya LIGHTHOUSE PT. FL 33064-7052 #10 Zip Code 3343.7 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered bange was authorized by the corporation's board of directors, I hereby accept the appointment as registered by 0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, office or registered apart, or both, in the State of Florids. Such agent. I am familiar with and accept the obligations of Sections SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OPRICERS AND DIRECTORS 13. 12 DELETE ☐ Chance 1.1 TITLE TIFLE CR2E034 GORMAN, GREGORY K 1.2 NAME NAME 19 ROYAL PALM WAY, #101 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE TILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIF CITY-ST-ZP Change ☐ Addition ☐ DELETE 31 TITLE MLE. 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 4.1 TITLE TILE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZP Change Addition DELETE 5.1 TITLE TILE 52 NAME NAME 5.3 STREET ADDRESS STREET ADORES

CITY ST-ZP. 14. 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 proporation or the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in int with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

61 TIBE

62 NAME 6.3 STREET ADDRESS

DELETE

CITY-ST-ZIP.

STREET ADDRESS

TILE

WIL Gregory KGormon

☐ Addition

☐ Change