5/8/ 2000 UNIFORM BUSINESS REPO **FILED** Jun 16, 2000 8:00 am Secretary of State DOCUMENT # P98000091541 AMERICAP FACTORS GROUP, INC. 05-08-2000 90113 024 ***150.00 Principal Place of Business Mailing Address 150 S PINE IS RD STE 500 150 S PINE IS RD STE 500 PLANTATION FL 33324-2665 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Zip Ζiρ 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 HELLMAN, MAYNARD J Street Address (P.O. Box Number is Not Acceptable) 150 S PINE IS RD STE 500 PLANTATION FL 33324 Zip Code City FL 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 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) P. Dicharles Vititt Change Delete TITLE TITLE F 150 S PINE ISLAND RD SUITE 500 PRESS, ROBERT D NAME NAME PLANTATION, FL 33324 STREET ADDRESS 150 S PINE IS RD STE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Sp. D. Alyce B. Schreiber ☐ Change TITLE 150 S PINE ISLAND RD SUITE 500 PLANTATION, FL 33324 NAME DORESS STREET ADDRESS CITY-ST-ZIP ;ZIP DIVP Robert Press Achange TITLE 150 S. Pinc Tolad led 4500 Plantation, FL 33324 ADDRESS STREET ADDRESS -ZIP CITY-ST-ZIP ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental report intrust 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 receive or trustee employered 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 SIGNATURE: