FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State P99000009471 DOCUMENT # 1. Entity Name 05-15-2002 90170 039 ***150 00 SOUTH COAST REALTY GROUP, INC. Mailing Address Principal Place of Business 2758 W. ATLANTIC BLVD., STE 26 2758 W. ATLANTIC BLVD., STE 26 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 218 E. Connercial Blus 218 E. Commencial BUD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. HloiG # 101 G Applied For 4. FEI Number City & State City & State 65-0889714 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired _ Fee Required Brownno 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AUNGNECE SMITH, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) 2758 W. ATLANTIC BLVD., STE 26 POMPANO BEACH FL 33069 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State ِ (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ICPSD TITLE NAME SMITH, LAWRENCE C NAME STREET ADDRESS STREET ADDRESS 5729 NW 46TH DR. CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP ☐ Addition VP D TITLE ☐ Delête TITLE KERRY R. COCHELL NAME NAME 218 E. Commencial BLUD & 101.6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST=ZIP... FFILAUDEROASS-FL-33308- ☐ Addition Change ☐ 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 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #