2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Kovert S. 1700th

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P99000036593 1. Entity Name 04-01-2004 90030 048 ***150.00 OLD TIME, INC. Principal Place of Business Mailing Address 202 HIGHLAND PARK DRIVE 202 HIGHLAND PARK DRIVE **JANATPOO** WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 2. Principal Place of Business 16208 132 TERRACE 3. Mailing Address 10/ VD. NO. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0914516 Jupiter UPITER Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired falm beach PSIN BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** me Delete PSD TITI F Change ☐ Addition NORTH , DEIRDRE K 16208 132 NO/TERRACE NORTH NORTH, DEIRDRE K NAME NAME STREET ADDRESS 202 HIGHLAND PARK DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 C/TY-ST-7/P Jupiter, Fl. 33478 VTD TITLE ☐ Delete TITLE VTD Change Addition NORTH , ROBERT S. 16208 132 MD/ TERRACE NORTH NAME NORTH, ROBERT S STREET ADDRESS 202 HIGHLAND PARK DRIVE STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33415 CITY-ST-ZIP <u>JUPITER, FL. 33478</u> TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. It 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED