SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # S18655 (8)K. BREMER CORP. Principal Place of Business Mailing Address 1700 SOUTH FEDERAL HIGHWAY 1700 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460 LAKE WORTH FL 33460 3a. Date of Last Report 3. Date Incorporated or Qualified 11/30/1990 07/20/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0244759 26 21 \$8.75 Additional Suite Apt #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has fiability for intangible tax under s. 199 032. Zιρ Country Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WESTMAN, GRELS 82 Street Address (P.O. Box Number is Not Acceptable) 1700 SOUTH FEDERAL HIGHWAY LAKE WORTH FL 33460 83 Zip Code 85 84 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typica or printed mone of registered agent and titte napple at 46 (96/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1 1 TITLE TITLE E034 1.2 NAME NAME LANTEA, ARI 1.3 STREET ADDRESS STREET ADDRESS 1700 S. FEDERAL HIGHWAY LAKE WORTH FL 1.4 CITY - ST - ZIF CITY - ST - ZIP

DELETE Change Addition 2.1 THILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3 1 111LF TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C-TY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY ST ZIP CITY - ST - ZIP SQQQQ192535\$ange ☐ Addition DELETE 61 TITLE THTLE -08/19/96--01016--044 6.2 NAME 6.3 STREET ADDRESS. ***375.00 STREET ADDRESS 64 CITY - ST-7P CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempts further certify that the information indicated on this annual report or supplemental annual report is true and accurate as of the made under path that I am an officer or pirector of the corporation or the receiver or trustee empowered to execute this true may name appears in Block 12 or Block 13 if changed, or on an attachment with an address

our stated in Section 119 07(3)(k), Florida Statutes 1 to that my signature shall have the same legal effect as if a point as required by Chapter 617, Florida Statutes, and

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.8.1798 05.6/19/96