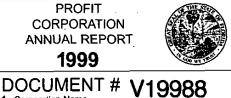
1999

C.P. INVESTMENTS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90245 019 ***150.00

Principal Place of Business Mailing Address 2110 S UNIVERSITY DR 2110 S UNIVERSITY DR DAVIE FL 33324 DAVIE FL 33324 DO NOT WRITE IN THIS SPACE US HS 3. Date Incorporated or Qualifed 03/10/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0323627 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt, #, etc. \Box 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State. 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip .Zip Country 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BOYLE, CONRAD Street Address (P.O. Box Number is Not Acceptable) 82 500 E BROWARD BLVD SUIT 1950 **BROWARD FINANCIAL CENTER** 83 FT LAUDERDALE FL 33394 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature re DATE Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition ☐ DELETE TITLE 1.1 TITLE 1.2 NAME WASIELE, KRISTINE C NAME 2110 S UNIVERSITY DR 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 2.1 TITLE TITLE DS 22 NAME CARROLL, CAROL NAME 610 STRATFORD DRIVE 2.3 STREET ADDRESS STREET ADDRESS MOORESTOWN NJ 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE CARROLL, HARRY 3.2 NAME NAME 610 STRATFORD DRIVE 3.3 STREET ADDRESS STREET ADDRESS MOORESTOWN NJ 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 ÇITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition DELETE ☐ Change TITLE

CITY-ST-ZIP 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS