## 06-07-2001 90001 011 \*\*\*150.00 DO NOT WRITE IN THIS SPACE Applied For 65-0357690 Not Applicable \$8.75 Additional Fee Required DATE 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ☐ Addition

285 ENDALL, INC.	
Mailing Address	
1515 60 FEDERAL INY	
B <del>oga-raton FL 33432 -</del> US	
	Mailing Address  1515 SO FEDERAL HWY

E MIZNER BUID. SEMIZNER BLVD 4. FEI Number 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAX. DENNIS -1515 SO FEDERAL HIGHWAY STE 211 \*BOCA RATON-FL-33432 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSD Delete TITLE TITLE MAX, DENNIS NAME NAME 1515 SO FEDERAL HWY SUITE 211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL-33432 -- Delete TITLE. TITLE -MAX, PATTI NAME NAME 1515 SO FEDERAL HWY SUITE 211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BOCA RATON FL 33432 TITLE ☐ Delete TITLE **BURTON, RAPOPORT** NAME NAME 1515 SO FEDERAL HWY SUITE 211 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA-RATON FL 33432-☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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, I other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Davtime Phone #