FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J37589 CFA MANAGEMENT, INC. Principal Place of Business Mailing Address 902 CLINT MOORE RD. 902 CLINT MOORE RD. DO NOT WRITE IN THIS SPACE SUITE 220 SUITE 220 3. Date Incorporated or Qualified BOCA RATON, FL 33487 BOCA RATON, FL 33487 10-13-1986 2. Principal Place of Business 2a. Mailing Address Applied For 59-2737831 26 Not Applicable 21 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 . Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CONWAY, STEPHEN P. 82 Street Address (P.O. Box Number is Not Acceptable) 902 CLINT MOORE RD. SUITE 220 83 BOCA RATON, FL 33487 84 City 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 Signature appear or printed name or registered agent and life if approable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE TITLE 1111116 ☐ Change ☐ Addition Conway, Stephen P. 1.2 NAME STREET ADDRESS 902 CLINT MOORE RD. STE 220 13 STREET ADDRESS COTY-ST-ZIP BOCA RATON, FL 33487 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME CONWAY, JERRY B. STREET ADDRESS 902 CLINT MOORE RD 2.3 STREET ADDRESS **STE 220** CITY - ST - ZIP BOCA RATON, FL 33487 2 4 CHY-ST-Z-P DELETE ☐ Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY - ST - ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE A 1 THILE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE 900002453789 ■ Addition NAME 6.2 NAME -03/11/98--01024--007

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

***150.00

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 Block 12 or Block 13 if changed, or on an attachment with an address. 561-997-5601