FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Jan 23 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # 386922 (9)LE CLUB REALTY INC. Principal Place of Business Mailing Address 200 S.E. 6TH ST. STE. #202A 200 S.E. 6TH ST. STE. #202A FT LAUDERDALE FL 33301-3427 FT LAUDERDALE FL 33301-3427 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1971 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2021699 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SAHAGIAN, HERMAN D. (JR) 200 S.E. 6TH ST, STE. #202A Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33304 83 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITS F DELETE 1.1 TITLE Change Addition SAHAGIAN, HERMAN D.(JR) NAME 1.2 NAME 3110 NE 47TH ST STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP ☐ DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME

14. I hereby certify that the Information supplied with this filling 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 I polignor state annual report or I polignor state 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 corp faying of the corp faying the power of 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 charges in piff of the corp faying the power of the corp fayi

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SIGNATURE:

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