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

FILED PROFIT Feb 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 479549 (8)WARNER & ASSOCIATES CPA. P.A. Principal Place of Business Mailing Address 1897 PALM BEACH LAKES BLVD. 1897 PALM BEACH LAKES BLVD. STE. 226 STE. 226 W. PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE W. PALM BEACH FL 33409 3. Date Incorporated or Qualified 06/25/1975 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-1606178 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Cily & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WARNER, RONALD D. 1897 PALM BEACH LAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) 83 W. PALM BCH. FL 33409 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.05.02 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 Statu 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 Flogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE WARNER, RONALD D. 1.2 NAME NAME 1897 PALM BEACH LK BLVD STREET ADDRESS 1.3 STREET ADDRESS W. PALM BCH. FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2 1 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change THILF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELE1E Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE __ Change Addition 5.1 TITLE TITLE

4. 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 cantral coport or supplied the composition of 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 duction of the copporation introduced by a state of an accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or duction of the copporation introduced by a state of the copporation of the coppor

5.2 NAME

6.1 TITLE 62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(561)686-8666

Addition

☐ Change