 Eli i	NOW: EILING EEL	E AFTER MAY 1ST	16 ¢220 00		
COF	PROFIT RPORATION JAL REPORT	FLORIDA DEPA Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	FILE Feb 04 199	8 8:00am
DOCU 1. Corporation	1998 MENT # 5323		CONFORMIONS	Secretary	of State
	E EAR, INC.	Maillan Address			
% RICHARD A 1801 BAY RO MIAMI BEACH	AD	Mailing Address % RICHARD ASHBY 1801 BAY ROAD MIAMI BEACH FL 33139		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
2 Principal 8	Place of Business	2a. Mailing Address		04/27/1977 4. FEI Number	Applied For
21	ideo o. Basiliona	26		22-2166912	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registe	red Âgent
ASHBY, RICHARD 81 Name					
1801 BAY ROAD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIA	AMI BEACH FL 33139		83		
ĺ					
			84 City	1	FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607 registered agent, or both, In the S m familiar with, and accept the o	0502 and 607.1508, Florida Statu tate of Florida. Such change was bligations of, Section 607.0505, Fl	tes, the above-named corp authorized by the corporati orida Statutes.	oration submits this statement for the purpoion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE			<u> </u>		
12.	Signature, typed or printed name of registers OFFICERS	AND DIRECTORS	E: Registered Agent signature require 13.	od when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	<u> </u>
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	GIBB, BARRY		1.2 NAME		
STREET ADDRESS	1801 BAY ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH FL	L acture	1.4 CITY-ST-ZIP		Change Addition
TITLE	ST ASHBY, RICHARD	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	1801 BAY ROAD		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY - ST - ZIP		
TITLE	PD	DELETE	3.1 TITLE		Change Addition
NAME	GIBB, MAURICE		3.2 NAME		
STREET ADDRESS	1801 BAY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	1 700	3.4. CITY-ST-ZIP		
TITLE	PD DORIN	☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	GIBB, ROBIN 1801 BAY ROAD		4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-SY-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY 03 710			5 4 CITY - CT - 71D		

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 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 explowered 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 full an address.

SIGNATURE:

61 TITLE

62 NAME

6 3 STREET ADDRESS 6 4 CITY-ST-ZIP Change

Addition

☐ DELETE

TITLE

NAME

į.

STREET ADDRESS