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

Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 552889 (8)JOHN ZITO & CO., INC. Principal Place of Business Mailing Address P.O. BOX 823097 SOUTH FLORIDA FL 33082 SOUTH FLORIDA FL 33082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1977 4. FEI Number Mailing Address 3551 LURAY RU 2. Principal Place of Business Applied For 59-1783117 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ZITO, JOHN **13551 LURAY RD** Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33330 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Standard typing or profed harno of page tered rapell and title diapple able 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition 1.1 TOTALE TITLE ZITO, JOHN 1.2 NAME NAME 13551 LURAY RD 1.3 STREET ADORESS STREET ADDRESS FT LAUDERDALE FL 33330 CITY - ST - ZIP 1.4 CITY - \$1 - ZIP DELETE ☐ Change Addition 2 1 TITLE TITLE ZITO, MIKIKO 22 NAME NAME 13551 LURAY RD 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33330 2 4 CITY-ST-ZIP CITY-S1-ZIP Addition OFFER Channe 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE 6 1 TITLE Change Addition TITLE

6.2 NAME

14. Thereby 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 suppliemental 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 one of attuation an address.

6 3 STREET ADDRESS 6 4 City-S1-ZIP

NAME STREET ADDRESS

CITY-S1-2IP

SIGNATURE:

FILED