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

FLORIDA DEPARTMENT OF STATE

PROFIT

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Mar 19 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT # 664278** (9) NANCY REED ENTERPRISES INC. Principal Place of Business Mailing Address 3550 BISCAYNE BLVD. #504 7759 MONTGOMERY ROAD MIAMI FL 33137 CINCINNATI OH 45241 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1976689 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 26 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KANTER, JOSEPH 3550 BISCAYNE BLVD. #504 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 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 Syste 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 appointment as registered agent. Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change KANTER, N R NAME 12 NAME 3550 BISCAYNE BLVD. STREET ADDRESS 1 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY-ST-ZIP STD DELETE Change Addition TITLE 2.1 TITLE KANTER, H A NAME 2.2 NAME 3550 BISCAYNE BLVD. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 3 1 TITLE WILDERMUTH, R.E. 3.2 NAME NAME 7759 MONTGOMERY ROAD,#3 3 3 STREET ADDRESS STREET ADDRESS CINCINNATI OH CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 on an attachment with an address.

SIGNATURE:

SIGNATURE

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