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

FILED Feb 26 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 #** (5)FREDERICK R. MACLEAN, P.A. Principal Place of Business Mailing Address 2600 N.E. 14 ST. CAUSEWAY 2600 N.E. 14 ST. CAUSEWAY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2135386 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, elc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 26 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MACLEAN, ANNE B. 2600 N.E. 14 STREET CAUSEWAY 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or perfect name of regestered agent and little if applicable (NOTI Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TITLE Change Addition MACLEAN, FREDERICK R. NAME 1.2 NAME 2600 N.E. 14 ST. CSWY 1.3 STREET ADDRESS STREET ADDRESS **POMPANO BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE 21 TITLE Change Addition NAME MACLEAN, ANNE B. 22 NAME 2600 N.E. 14 ST. CSWY. STREET ADDRESS 23 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 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 attrictment with an address.

6.1 TITLE 62 NAME

5.3 STREET ADDRESS

63 STREET ADORESS 64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Addition

Change