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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000220 (3)

1. Corporation Name
MILESTONE ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5200 TOWN CENTER CIR. 4TH FLOOR BOCA RATON FL 33486	5200 TOWN CENTER CIR. 4TH FLOOR BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1994

2. Principal Place of Business	2a. Mailing Address
21 150 E.Palmetto Park Rd	26 150 E.Palmetto Park Rd
Suite, Apt. #, etc. 22 4th Floor	Suite, Apt. #, etc. 27 4th Floor
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33432 Country 25 USA	Zip 29 33432 Country 30 USA

4. FEI Number: 52-1843631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILESTONE PROPERTIES, INC. 5200 TOWN CENTER CIR. BOCA RATON FL 33486	81 Name: Milestone Properties, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 150 East Palmetto Park Road 83 4th Floor 84 City: Boca Raton FL 85 Zip Code: 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, STEPHEN D		1.2 NAME		
STREET ADDRESS	5200 TOWN CENTER CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHORE, HARVEY		2.2 NAME		
STREET ADDRESS	5200 TOWN CENTER CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, JOAN		3.2 NAME		
STREET ADDRESS	5200 TOWN CENTER CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MANDOR, ROBERT		4.2 NAME		
STREET ADDRESS	5200 TOWN CENTER CIR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCMAHON, GREG		5.2 NAME		
STREET ADDRESS	5200 TOWN CENTER CIR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby 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 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 attachment with an address.

SIGNATURE: _____ (561) 394-9522