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

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J75970 (0) JONES AND CARDOZO, P.A. Principal Place of Business Mailing Address 1800 SECOND STREET 1800 SECOND STREET **SUITE 808** SUITE 608 DO NOT WRITE IN THIS SPACE **BARASOTA FL 34236** SARASOTA FL 34236 3. Date Incorporated or Qualified 06/01/1987 2. Principal Place of Business 2a. Mailing Address Applied For <u>59-2810092</u> Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζιρ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No 24 26 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, ALLAN E. 1800 SECOND STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 808 83 SARASOTA FL 34236 84 City Zip Code 85 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition JONES, ALLAN E. NAME 12 NAME **1800 SECOND STREET SUITE 808** STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE CARDOZO, JOSEPH L 22 NAME MAME **1800 SECOND STREET SUITE 808** 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 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 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition TITLE DELETE 6.1 TITLE ☐ Change

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

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. 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, open applications the receiver of the receiver of the corporation of the receiver of 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, open applications are required by Chapter 607.

FILED