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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000009187 (5)

DRS. PENNER, SELTZER AND LEIGHTON, P.A.

Principal Place of Business Mailing Address 130 J.F.K. CIRCLE 130 J.F.K. CIRCLE SUITE 201 SUITE 201 ATLANTIS FL 33462 ATLANTIS FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0376458 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has pald the current year Intangible 24 ☐ Yes □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PENNER M.D., JEFFREY S. 130 JFK DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 201 ATLANTIS FL 33462 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. I am famillar 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 n Change Addition TITLE DELETE PENNER, JEFFREY S M.D. NAME 1.2 NAME 130 J.F.K. CIRCLE, SUITE 201 STREET ADORESS 1.3 STREET ADDRESS ATLANTIS FL 33462 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition SELTZER D.D., ANDREW A. NAME 2.2 NAME 130 JFK CIRCLE, #201 STREET ADDRESS 2.3 STREET ADDRESS ATLANTIS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition LEIGHTON, MICHAEL M NAME 3.2 NAME 13- JFK CIRCLE, #201 STREET ADDRESS 3.3 STREET ADDRESS ATLANTIS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition THILE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. I hereby 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 for 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 charged for on an attractment with an address.

SIGNATURE:

STREET ADORESS

CR2E034 (10/97

FILED

Jan 20 1998 8:00am

Secretary of State