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Mailing Address

12515 N KENDALL DR

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

12515 N KENDALL DR



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300002823 (1)

STEPHEN R. CHEPENIK, P.A.

STE 324 STE 324 DO NOT WRITE IN THIS SPACE MIAMI FL 33186 MIAMI FL 33186 US 3. Date Incorporated or Qualified HS 01/08/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0381429 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KANZIGER, ROBERT A ESQ. 6401 SOUTHWEST 87TH AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 MIAMI FL 33173 84 City 85 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Change Addition 1.1 TITLE TITLE DP CHEPENIK, STEPHEN R CPA NAME 1.2 NAME 12515 N KENDALL DR, STE 324 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY - ST - ZIP . Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP Addition Change TITLE DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4 1 TOT F TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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: A CEPTION TO PUBLICATION REPORT Privale X 1/1/98 (38) 273-8008