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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

P95000001799 (2)

Mark Seiden P.A.

Principal Place of Business Mailing Address 777 BRICKELLL AVE 777 BRICKELLL AVE. SUITE 100 SUNTRUST BLDG. SUITE 100 SUNTRUST BLDG. DO NOT WRITE IN THIS SPACE MIAMI FL 33131 **MIAMI FL 33131** 3. Date Incorporated or Qualified 01/09/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0548035 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 SEIDEN, MARK 777 BRICKELL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 SUNTRUST BLDG. 83 MIAMI FL 33131 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 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. 13. DELETE Change Addition 1.1 TITLE TITŧ F SEIDEN, MARK NAME 1.2 NAME 777 BRICKELL AVE., SUITE 100 SUNTRUST BLDG STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE ☐ Change ■ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP 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 DELETE Addition Change 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 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, pr on an attachment with an address.

FILED

Jan 20 1998 8:00am

Secretary of State