FILE NOW: FILING FEE AFTER MAY 1ST is \$5,0.00

## FILED Apr 02 1998 8:00am PROF1T FI ORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 brakes DOCUMENT #/ DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2a, Malling Address Applied For same. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year intangible Brunan ☐ Yes 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SWPE JOSEPH 81 Name DRORY Deerfield beach FC 33442 82 Street Address (P.O. Box Number is Not Acceptable) クロカ 83 NOA Zip Code NON 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 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. DRORY SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition 1.1 TITLE TITLE NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 OITY-ST-7IP Addition ☐ Change DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE ☐ Change Addition TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CHY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change ☐ Addition 41TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP City-St-7/P ■ Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-7/P DELETE 600002476<del>95</del>6 HILE 61 111118

14. 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

TOSEPH

DRORY

-04/02/98--01022--031 \*\*\*150.00

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