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

FLORIDA DEPARTMENT OF STATE

PROFIT

officer or director of the corporate Block 12 or Block 13 if change of

Jun 01 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (0) Ellsworth, P.A. Dresnick Principal Place of Business Mailing Address GRAND BAY PLAZA SUITE 201 2665 S BAYSHORE DR **GRAND BAY PLAZA SUITE 201** 2665 S BAYSHORE DR DO NOT WRITE IN THIS SPACE MIAMI FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified 04/24/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0264443 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes □ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DRESNICK, MARK A **GRAND BAY PLAZA SUITE 201** 82 Street Address (P.O. Box Number is Not Acceptable) 2665 S BAYSHORE DRIVE 83 MIAMI FL 33133 Zip Code 84 City F 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typica or printed name of requiremed agent and title 4 applicable (NOT! Registered Agent signature required whon reinstating) OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TaTLE 1.1 TITLE DRESNICK, MARK A NAME 1.2 NAME 2665 S BAYSHORE DR #201 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Channe 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Addition DELETE Change 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 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 6.1 THILE 70000254489 6.2 NAME NAME -06/02/98--01023--042 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY-ST-ZIP shipplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information implemental annual report is frue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an articular that my name address. 6.4 CITY-ST-7IP 14. I hereby certify that the information indicated on this annual report or so

FILED