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 #

(8)

J.D. NITKIN, INC.

Principal Place of Business Mailing Address **FILED**

Apr 14 1998 8:00am

Secretary of State

2911 PORT BLVD BISCAYNE BAY PILOTS MIAMI FL 33132		2911 PORT BLVD BISCAYNE BAY PILOTS MIAMI FL 33132	BISCAYNE BAY PILOTS			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2.		2a. Mailing Address 26				01/29/1992 4. FEI Number 65-0314998	Applied For Not Applicable
2	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
3	City & State	City & State	-			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
4	Zip Country 25	Zip 29	Gountry 30			8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes 🔲 No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HERMAN & ROOF, PA ONE S E THIRD AVE AMERIFIRST BLDG, SUITE 2110 MIAMI FL 33131			81	12 Street Address (P.O. Box Number is Not Acceptable)			
			83				
				84	City	FL	85 Zip Code
11	. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statut	tes, the a	bove	-named corpo	pration 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 ported name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE ☐ Change NITKIN, JONATHAN D 1.2 NAME 321 E SAN MARINO DR STREET ADDRESS 1.3 STREET ADDRESS MIAM! BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 6.3 STREET ADDRESS

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 carporation 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 inchanged, or an attachment with an address.

SIGNATURE: