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

**PROFIT** Jan 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # G00706 (3) 167TH STREET CORPORATION Mailing Address Principal Place of Business 14 NE 167 ST. % ROGER J. SCHINDLER. ESO. % ROGER J. SCHINDLER. ESO DO NOT WRITE IN THIS SPACE MIAMI FL 33162 MIAMI FL 33162 3. Date Incorporated or Qualified 09/21/1982 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 59-2217250 21 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Country Zip Zip Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PORTER, JAMES 17845 NW 6 AVE Street Address (P.O. Box Number is Not Acceptable) **B2** NO MIAMI BCH FL 33162 83 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 it applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. DELETE Change Addition 1.1 TITLE TITLE BARNETT, CAROL 1.2 NAME NAME 14 NE 167 STREET 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE W E NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-St-ZiP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TIFLE 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 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZiP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 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.

Boxx & Corol Roccett 1-17-98

CIGNATUDE.

**FILED**