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STREET ADDRESS

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Sconard Congression

Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M49973 (4)4006 CORPORATION Principal Place of Business Mailing Address 780 N ST RD 7 780 N ST RD 7 PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0018103 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name SIEGEL, ANDREW L. 8751 WEST BROWARD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 108 83 **PLANTATION FL 33324** 84 City 85 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 TITLE 1.1 TITLE COREN, LEONARD I. NAME 1.2 NAME CR2E034 780 N. STATE RD. 7 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY -ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6.1 TITLE NAME 6.2 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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

FILED

3/16/98 954-793-7900