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May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000047149 (8)

1. Corporation Name
CS & A CARANI, STOPNICK & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
19501 NE 10TH AVE. STE 203 NORTH MIAMI BEACH FL 33179 US	19501 NE 10TH AVE. STE 203 NORTH MIAMI BEACH FL 33179 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9650 NW 39TH CT.	2a. Mailing Address 26 9650 NW 39TH CT.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 COOPER CITY, FL	City & State 28 COOPER CITY, FL
Zip 24 33024 Country 25 USA	Zip 29 33024 Country 30 USA

3. Date Incorporated or Qualified: 07/06/1993

4. FEI Number: 65-0424978 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STOPNICK, MICHAEL T. 19501 NW 10TH AVE. STE. 203 NORTH MIAMI BEACH FL 33179	81 Name: STOPNICK, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable): 9650 NW 39TH CT. 83 84 City: COOPER CITY FL 85 Zip Code: 33024

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] MICHAEL J. STOPNICK PRES. 4-22-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOPNICK, MICHAEL 9650 N.W. 39TH COURT COOPER CITY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D P T S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CARANI, SHERRY 19501 NE 10TH AVE. STE. 203 NORTH MIAMI BEACH FL 33179	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: [signature] MICHAEL J. STOPNICK, PRES. 4-22-98 954 432-4066

CR2E034 (10/97)