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 # F9400006160 (5)

TREVOR SORBIE OF AMERICA, INC.

Principal Place of Business Mailing Address 1601 SW 5TH CT 1850 W MCNAB RD POMPANO BCH FL 33069 FT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 25-1735307 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zisi Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324

FILED May 05 1998 8:00am Secretary of State

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Applied For

Fee Required

Added to Fees

Zip Code

☐ No

Not Applicable

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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. resident TITLE DELETE 1.1 TITLE Change Addition Kotch, Gerald HALL, CHARLES V NAME 1.2 NAME 1850 W. McNab Rd. 1850 W MCNAB RD STREET ADDRESS 1.3 STREET ADDRESS F4-Laud, FL 33309 FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITI F 21 TiTLE FEROLA, FRANK F NAME 2.2 NAME 1850 W MCNAB RD STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 31 TITLE Addition FEROLA, PETER 3.2 NAME 1850 W MCNAB RD STREET ADDRESS 3.3 STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE Change Addition 4.1 TITLE FEROLA, FRANC NAME 4. 2 NAME 1850 W MCNAB RD STREET ADDRESS 4.3 STREET ADDRESS FT LAUDERDALE FL 33309 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE SPIEGEL, DAVID A NAME 5.2 NAME 1850 W MCNAB RD STREET ADDRESS 5.3 STREET ADDRESS FT LAUDERDALE FL 33309 CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

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City

14. I hereby certify that the information supplied with this indicated on this annual report or suppliemental annual ficer or director of the corporation or the received. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Proport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an trustoc property of 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

Malas

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STREET ADDRESS CITY-ST-ZIP