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Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

**FILED PROFIT** May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000075401 (4) LTJC, INC. Mailing Address Principal Place of Business 2341 NW 33RD ST #407 2341 NW 33RD ST #407 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0777828 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 6. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ROGERS, CURTIS C JR 2341 NW 33RD ST #407 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 Zip Code 84 City 85 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 ponted 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. Change Addition DELETE TITLE 1.1 TITLE ROGERS, CURTIS C JR MICHAEL 1.2 NAME NAME 2341 NW 33RD ST #407 830 NE 18 STREET 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 3330 1.4 CITY - ST-ZIP CITY-ST-ZIP <u>FT LAUDERDALE</u> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY - ST - ZIP CITY ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE 3.2 NAME MALA 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

954-5667540

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