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

Jun 11 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # (2) BILL THOMAS REALTY, INC. Principal Place of Business Mailing Address 640 E OCEAN AVE UNIT #17 640 E OCEAN AVE UNIT #17 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/13/1981 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59:2099295 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year intangible ☐ Yes □ No Personal Property Tax due June 30. 25 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMAS, WILLIAM G 640 E. OCEAN AVE., UNIT 17 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 64 City Zip Code 85 11. Pursuant to the provisions of Scotions 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 Rorida. 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, Scotion 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registerest aging and title if applicable (NOTE Bugistored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DI LE IE Change Addition TITLE ÞΩ 1.1 TITLE NAME THOMAS, WILLIAM G 12 NAME STREET ADDRESS 640 E. OCEAN AE., #17 13 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE-2.1 TITLE THOMAS, HELEN J NAME 2.2 NAME 640 E. OCEAN AE., #17 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELE IE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - Z(P DELFTE Change Addition TITLE • 4.1 THTE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - 2IP CITY-ST-ZIP Addition TITLE DELETE 5.1 117LE ☐ Change NAME 5.2 NAME 53 STHEET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 61 TITLE TIFLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

Helen J. Thomas