FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998, AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Aug 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortigativ , ** , Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # EVERYTHING IS A GO, INC. Principal Place of Business 1700 N. DIXIE HIGHWAY 1700 N. DIXIE HIGHWAY SUITE 101 BOCA RATON FL 33432 SUITE 101 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432** 3. Date Incorporated or Qualified 03/21/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Ant. #. 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 Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLOCH, STUART E 980 NORTH FEDERDAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 205 83 **BOCA RATON FL 33432** 84 City Zio 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 algorature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change Addition MONASHKIN, SETH NAME 1.2 NAME 1700 N. DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME SHAPIRO, ANITA 2 2 NAME STREET ADDRESS 1700 N. DIXIE HIGHWAY 2.3 STREET ADDRESS **BOÇA RATON FL 33432** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition SHAPIRO, IRVING NAME 3.2 NAME 1700 N. DIXIE HIGHWAY STREET ADDRESS 3.3 STREET ADDRESS **BOÇA RATON FL 33432** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition MILLER DOROTHY NAME 4.2 NAME 1700 N. DIXIE HIGHWAY STREET ADDRESS 4.3 STREET ADDRESS BOCA RATON FL 83432 CITY-ST-ZIP 4.4 CITY-ST-ZIP 100002629811 Change Addition S.1 TITLE TITLE DELETE NAME 5.2 NAME -09/01/98--01023--0**3**4 STREET ADDRESS 5.3 STREET ADDRESS ***8.75 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change Addition

***150,00 CITY-S1-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

Ol Koth Magachtia

7/2/20

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