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

Apr 15 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 238051 C.C. KUHL, INC. Principal Place of Business Mailing Address EDMUND P RUSSO EDMUND P RUSSO 355 MIRACLE MILE 355 MIRACLE MILE DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 06/30/1960 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0901722 21 Not Applicable 26 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 Trust Fund Contribution Added to Fees 23 28 Zιp Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YOUNG, BILL 355 MIRACLE MILE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City Zip 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition YOUNG, BILL 1.2 NAME NAME 355 MIRACLE MILE STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 1.4 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE RUSSO, EDMUND P NAME 2.2 NAME 4685 PONCE DE LEON BLVD STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change ■ Addition 3.1 TITLE TITLE YOUNG, BETTY NAME 3.2 NAME 355 MIRACLE MILE STREET ADDRESS 33 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change DELETE 5.1 TITLE ☐ Addition 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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, on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATUREX

NAME STREET ADDRESS

Betty Young

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