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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 98 JUL -6 AM 8: 44 DOCUMENT # (6) ECHETARY OF STATE ALLAHASSEE, FLORIDA DERECKTOR-GUNNELL, INC. Principal Place of Business Mailing Address 775 TAYLOR AVENUE 775 TAYLOR AVENUE DANIA FL 33004 DANIA FL 33004 Ū\$. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1967 2, Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 775 TAYLOR LANE 26 775 TAYLOR LANE 59-1225610 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing DANIA, FLORIDA DANIA, FLORIDA 23 Trust Fund Contribution Added to Fees Country Country Zip Z_{10} 8. This corporation owes or has paid the current year Intangible 24 33004 25 29 33004 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name LANE, FRANK A FRANK MENDEZ, ESQUIRE **EIFTH FLOOR GROVE PLAZA** Street Address (P.O. Box Number is Not Acceptable)
1900 CORPORATE BOULEVARD 82 2900 SW 28TH TERRACE 83 MIAM FL 33133 SUITE 400-E 85 Zip Code 33431 City BOCA RATON 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered the obligations of, Socion 607.0505, Florida Statutes. 11. Pursuant to the Mendet, Esq SIGNATUR OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELFTE Addition TITLE 1.1 TITLE Change **GUNNELL, ELIAS I** NAME 1.2 NAME STREET ADDRESS 775 TAYLOR LANE 1.3 STREET ADDRESS **DANIA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 TITLE DERECKTOR, THOMAS NAME 2.2 NAME 80000258**551**8--2 -07/10/98--01077--015 **902 WAPPING ROAD** STREET ADDRESS 2.3 STREET ADDRESS PORT SMITH R. CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE DERECKTOR, PAUL E. NAME 3.2 NAME **\$11 E. BOSTON POST ROAD** STREET ADDRESS 3 3 STREET ADDRESS **MAMARONECK NY** 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY - ST - ZIP DELETE 61 TULE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 section 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 trusted and powered to director as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or trustee or Block 12 or Block 13 if changed are on an attachment with an action of the receiver of trustee or Block 12 or Block 13 if changed are on an attachment with an action of the receiver of the corporation of the corp