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

STREET ADDRESS

SIGNATURE: SOLN MEENANETIE

Mar 25 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name (3) 357159 THE MCENANEY COMPANY Principal Place of Business Mailing Address 5321 N DIXIE HWY 5321 N DIXIE HWY OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1279093 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζιp Country Country 8. This corporation owes or has paid the current year Intangible □ No 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 MCENANEY, JAMES T 81 Name MCENANRY 2121 S OCEAN BLVD #402 Deceased 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 press Be 83 # City FOMPANT 84 85 Zip Code Bch 33069 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. · Mi Cuan SIGNATURE Signature, Lined or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. MCENANCY JOHN B L DELETE TITLE 1.1 TITLE MCENANEY, JAMES T NAME 1.2 NAME 2104 Cypress Bend Prive 2121 S OCEAN BLVD #402 eneased 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL PUMPEND BCK. F CITY-ST-ZIP 1.4 CITY-ST-ZIP Z DELETE TITLE 2.1 TITLE MCENANEY, JOHN B NAME 2.2 NAME 2104 CYPRESS BEND DR STREET ADDRESS 2.3 STREET ADDRESS POMPANO BCH. FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change ___ Addition 3.1 TITLE TITLE CATANZARO, ANNA C NAME 3.2 NAME 2880 NE 28TH ST STREET ADDRESS 3.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE ■ Addition TITLE MCENANEY, JAN B NAME 4 2 NAME 2121 S OCEAN BLVD #402 STREET ADDRESS 4.3 STREET ADDRESS POMPANO BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 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 Statules, I further certify that the information indicated on It is 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.

FILED

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