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

SIGNATURE:

PROFIT Mar 26 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 380610 (6)GEARHART, INC. Principal Place of Business Mailing Address 901 28TH ST 901 28TH ST WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1971 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-1383374 21 26 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 Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 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 GEARHART.GORDON 644 48TH ST 82 WEST PALM BEACH FL 33407 83 84 ctions 607.0502 and 607.1509. Porida Statutes, the above-named corporation submits this statement for the purpose of changing its registe 11. Pursuant to the provis office or registered agent. I am familiar change was authorized by the corporation's board of directors. I hereby accept the appointment **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE GEARHART, GORDON NAME 12 NAME 644 48TH STREET 1.3 STREET ADDRESS STREET ADDRESS W PALM BCH, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE TITLE SEARS, CARL 22 NAME NAME 702 48TH STREET STREET ADDRESS 2.3 STREET ADDRESS W PALM BCH, FL 00000 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ___ Addition TITLE 3 1 TITLE CYRAN, DEBBIE 3.2 NAME NAME 1925 TULIP LANE 3.3 STREET ADDRESS STREET ADDRESS WELLINGTON FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF 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 jumple printal 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if thanged, from an all actiment with an aldress.

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