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FLORIDA DEPARTMENT OF STATE

PROFIT

Block 12 or Block 13 if change

SIGNATURE:

Mar 12 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # 391666 (5)THE EXECUTIVE TYPE, INC. Principal Place of Business Mailing Address 4071 N. DIXIE HWY 4071 N. DIXIE HWY POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1971 2. Principal Place of Business Mailing Address Applied For 2320 59-1370401 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. L] Yes 10. Name and Address of New Registered Agent 81 Name GILBERT, GREGG 2320 N.E. 25TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 63 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 state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appropriate of Section 607.0505, Florida Statutes. SIGNATURE logislered gw OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE ☐ Change Addition NAME GILBERT JUDY P 12 NAME STREET ADDRESS 2320 NE 35TH STREET 1.3 STREET ADDRESS LIGHTHOUSE PT, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITL€ GILBERT JUDY P 2.2 NAME 2320 NE 35TH STREET STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE PT, FL 00000 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THLE NAMÉ GILBERT, GREGG 3.2 NAME STREET ADDRESS 2320 NE 35TH STREET 3 3 STREET ADDRESS LIGHTHOUSE PT, FL 00000 CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY - ST - ZIP Addition TITLE □ DELETE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZiP 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 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 units the enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

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