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

PROFIT Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 396232 (1)ZAHN REALTY, INC. Principal Place of Business Mailing Address 868 N.W. 42ND PLACE 868 N.W. 42ND PLACE OUITE-204-DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 3. Date Incorporated or Qualified 02/21/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 6150 NE 31 AVE 5150 NE 31 AVE Not Applicable 59-1379409 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be HIGHTHOUSE PI LIGHT HOUSE \Box 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible BROW Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROGER C. ZAHN 206ER C ZAHN 868 N.W. 42ND PLACE **B2** POMPANO BEACH FL 33064 83 84 レノ6 イナイロレラモ やた 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 by Section 607.0505, Florida Statutes. ROGER CZAHN **SIGNATURE** (NOTE Registered Agent signature required when reinstaling) OFFICIALS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ Change TITLE PTD DELETE. 1.1 TITLE Addition NAME ZAHN, ROGER C 1.2 NAME 5150 NE 31ST AVE STREET ADDRESS 1.3 STREET ADDRESS LIGHTHOUSE PT. FL 1.4 CITY - ST - 7IP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this enrural report or supplemental arrival 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 review 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 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 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 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

**Continuous or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated in the same legal effect as if made under oath; that I am an office or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated in the same legal effect as if made under oath; that I am an office or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that I am an office or director of the corporation or trustee empowered to execute the same legal effect as if made under oath; that I am an office or director of the corporation of the corpo

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP