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

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Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (9) THE DONNELLAN COMPANY, INC. Principal Place of Business Mailing Address 2601 E OAKLAND PK BLVD 200 2601 E OAKLAND PK BLVD 200 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1461495 21 26 Not Applicable 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 23 Trust Fund Contribution Added to Fees 28 Zip " Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DONNELLAN, RICHARD P DONNEllan 9 MINNETONKA 82 FT. LAUD. FL 33308 83 Zip Code LAUDERDALE 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 agont. I am a military inchaccept the obligations of, section 607.0505, Florida Statutes.

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SIGNATURE Donnellan DIBECTORS IN 12 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND 13. DELETE Addition Change TITLE 11 TITLE PAUL J DOMMENON DONNELLAN, PAUL, J NAME 1.2 NAME 1811 NE 42ND STREET 21000NE 56TH ST. STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33308 FT LAUDERDALE, FL 33308 CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE 21 TITLE Addition TITLE DONNELLAN, RICHARD P. 2.2 NAME NAME PAUL J. DONNELLAN 9 MINNETONKA RD. 1811 NE 42ND STREET 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 LAMPERDALE, FC 33308 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is free 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 Chapter 607 an attachment with an appears.

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