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

PROFIT

SIGNATURE:

Apr 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 428798 (3) FEDCO, INC. Principal Place of Business Mailing Address **621 718T STREET** 621 71ST STREET P.O. BOX 414258 P.O. BOX 414258 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 3. Date Incorporated or Qualified 06/14/1973 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1626757 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RUSKIN, LLOYD L. **621 71ST STREET B2** Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 414258 83 MIAMI BEACH FL 33141 Zip Code 85 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 of, Section 607.0505 Florida Statutes. SIGNATURE Signature, typed or prime 1007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE **MULTACK, WILLIAM** 1.2 NAME 621 71ST STREET STREET ADDRESS 1.3 STREET ADORESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RUSKIN, LLOYD L MALEF 2.2 NAME **621 71ST STREET** STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 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 TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADORESS 63 STREET ADDRESS 64 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 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 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.

FLORIDA DEPARTMENT OF STATE

FILED