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

May 04 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 # 482699 (6)STAN GRIFFIN REAL ESTATE, INC. Principal Place of Business Mailing Address 4524 GUN CLUB RD 4524 GUN CLUB RD STE 211 DO NOT WRITE IN THIS SPACE W PALM BCH.F L 33415 W PALM BCH.F L 33415 3. Date Incorporated or Qualified 08/12/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1639950 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 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **GRIFFIN. S. STANLEY** 4524 GUN CLUB RD STE 211 Street Address (P.O. Box Number is Not Acceptable) W PALM BCH,F L 33415 63 84 City 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 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, typed or printed name of registered against and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE ■ DELETE 1.1 TIFLE ☐ Change Addition **GRIFFIN, S STANLEY** NAME 1.2 NAME 4524 GUN CLUB RD #211 1.3 STREET ADDRESS STREET ADDRESS W PALM BCH, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GRIFFIN, JOAN G NAME 2.2 NAME 4524 GUN CLUB RD #211 STREET ADDRESS 2.3 STREET ADDRESS W PALM BCH, FL 00000 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an altacliment with an address.

an address Stanley Griffin

SIGNATURE: 2

FILED

561-689-10-45