FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** May 14 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 553845 (9) DRS. ZIES AND ZIES, P.A. Mailing Address Principal Place of Business 17 E SILVER PALM ÁVENUE MELBOURNE FL 32901 17 E SILVER PALM AVENUE MELBOURNE FL 32901-3123 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1977 05/01/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1768056 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032 f Iorida Statutes Yes □ No 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KRASNY, SCOTT ESO 780 S. APOLLO BOULEVARD 82 MELBOURNE FL 32901 83 32901 84 11. Pursuant to the provisions of Sections 607.05.02 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 directors of Section 607.0505, Florida Statutes. PHILIP J. ZIES ESQ., REGISTERED AGENT, 4/29/9
(NOTE: Registred Agent squature required when reinstaling) SIGNATUR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE 1.1 TITLE TITLE ZIES, PETER M. 1.2 NAME NAME 17 E SILVER PALM AVENUE 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELLETE Change 2 1 111LF TITLE ZIES, LEONOR 2.2 NAME NAME 17 E SILVER PAL, AVENUE 23 STREET ADDRESS STREET ADDRESS MELBOURNE FL 2 4 City-St-ZIP CITY-ST-ZIP DELETE Change 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7\P DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(1Y - ST - ZIP CITY-ST-ZIP DETETE Change Addition TITLE 5.1 DHE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP

14. I do hereby 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 eath; 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 12

64 CITY+ST-7/P

6.3 STREET ADDRESS

6.1 THLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Addition

Addition

Addition

Addition

☐ Change