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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 28 1997 8:00am

Secretary of State

954-563-4803

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 587225

(4)

O'NEAL & BOOTH, P.A. Principal Place of Business Mailing Address 2900 EAST OAKLAND PARK BLVD 2900 EAST OAKLAND PARK BLVD FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306-1804 3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1978 06/12/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 59-1849949 21 26 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 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'NEAL, PATRICK 2900 EAST OAKLAND PARK BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL LP 33339 83 84 City 85 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 Signature: typed or printed name of registerion agent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILE 1.1 TITLE Change Addition O'NEAL, PATRICK NAME 1.2 NAME 2900 E. OAKLAND PK BLVD STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 1.4 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 Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4.1 TITLE Change TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 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 DELETE TOLE 6.1 TITLE Change ___ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 CITY - ST - ZIP does not qualify on the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the hual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information supplied with this 14. I do hereby information ndicated on this annual report or supplemental an appears in E ck 12 or Block 13 if∕changed