## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 589735 (0)1. Corporation Name HERBCO AUDITING SERVICE INC. Principal Place of Business Mailing Address 7041 S.W. 11TH ST. 7041 S.W. 11TH ST. PLANTATION FL 33317 PLANTATION FL 33317 3. Date Incorporated or Qualified 3a. Date of Last Report 10/13/1978 2. Principal Place of Business 01/26/1995 2a. Mailing Address 4. FEI Number Applied For 26 59-1850807 Suito, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Oity & State Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Zin Added to Fees Country Country 8. This corporation has liability for Intangible tax under s 199.032, 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEINBERG, HERBERT B. 82 Street Address (P.O. Box Number is Not Acceptable) 7041 S.W. 11 ST. PLANTATION, FLORIDA 33317 83

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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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Tellif DELETE 1. 1 TITLE STEINBERG, HERBERT B. NAME ☐ Change ☐ Addition 1.2 NAME 7041 S.W. 11TH ST. STREET ADDRESS 1.3 STREET ADDRESS CITY \$1-ZIP PLANTATION FL 1.4 CITY - ST - ZIP THEF DELETE 2 1 TIBLE NAME STEINBERG, SANDRA S. Change Addition 22 NAME 7041 S.W. 11TH ST. STREET ADDRESS 23 STREET ADDRESS **PLANTATION FL** CITY-ST-7IP 24 CITY-ST-ZIP THE DELETE 3 1 TITLE NAME Change Addition 3.2 NAME STHEET ADDRESS 33 STREET ADDRESS CITY-ST-ZP 3.4 CITY - ST - ZIP Tille DELETE 4. 1 TITLE NAME Change Addition 4.2 NAME STREET AC/DRESS 4.3 STREET ADDRESS CHY-S1-ZIP 4.4 CITY - \$1 - ZIP THEF DELETE 5 1 DILE NAME Change ■ Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CHTY-ST-ZiP 5.4 CITY-ST-ZIP TILLE DELETE 6.1 TITLE ☐ Change NAME ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNING OFFICER OR DIRECTOR B. STEINBERG 1-16-96 954-791-7041 CR2E034 (12/95)