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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

601341

DOCUMENT # (1)GREEN, KAHN & PIOTRKOWSKI, P.A. Principal Place of Business Mailing Address 317 71ST STREET 317 71ST STREET MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1270458 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GREEN, MARVIN M 317-71ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 83 84 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 registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE GREEN, MARVIN M. 1.2 NAME NAME 317 71ST STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE SDT 2.1 TITLE Change Addition KAHN, DONALD J. 2.2 NAME NAME 317 71ST STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI BCH FL CITY - ST - ZIF 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE PIOTRKOWSKI, JOEL S NAME 3.2 NAME 317 71ST STREET 3.3 STREET ADDRESS STREET ADDRESS MIAMI BCH FL CITY-ST-ZIP 3.4. CITY - ST-ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TURE REQUIRED

1-21-18 305-165-1911

FILED

Jan 28 1998 8:00am

Secretary of State

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