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

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 611923 ST. CLAIR INDUSTRIES, INC. Principal Place of Business Mailing Address C/O SAUL RUBINOFF 3067 E COMMERCIAL BLVD C/O SAUL RUBINOFF 3067 E COMMERCIAL BLVD DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 3. Date Incorporated or Qualified 03/06/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1998139 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible Yes 24 29 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUBINOFF, SAUL Name 3067 E COMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33339 83 84 City Zip Code 85 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 regularized agent and the if applicable (NOTE Registered Agent signature required whon reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change Addition TITLE 11 TITLE RUBINOFF, SAUL NAME 1.2 NAME 3067 E COMMERCIAL BLVD STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE 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 CITY-ST-ZIP 34. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 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 - \$1 - ZIP DELETE Change Addition TITLE 6 1 TITLE

14. Thereby 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 register or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 depended or on an additional production of the corporation of the corpo

6.2 NAME

6.3 STREET ADDRESS

6.4 CHTY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP