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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

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RICHARD A. TASHJIAN & ASSOCIATES, INC. Principal Place of Business Mailing Address 4153 ROYAL OAK DRIVE 4153 ROYAL OAK DRIVE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Apr 16 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1979 4. FEI Number Applied For 59-1958021 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes ∏ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TAHJIAN, RICHARD A 4153 ROYAL OAK DR 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 **B**3 84 City 85 Zip Code FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE TASHJIAN, RICHARD A NAME 1.2 NAME 4153 ROYAL OAK DR STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TOLE 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS CITY-ST-ZIP 2. 4 CITY- ST-ZIP Change DELETE TITLE 3.1 TITLE ___ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TOLE 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 TITLE ☐ Change Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 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.

4/10/92 (56)/624.8746 CICNIATI IDE:D.