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

NAME

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information indicated on this annual reper for officer or director of the corporation Block 12 or Block 13 if charges [1].

CITY-ST-ZIP

FILED Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)ANGLIA JACS & COMPANY, INC. Principal Place of Business Mailing Address 3001 NORTH 29TH AVENUE 3001 NORTH 29TH AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 04/29/1980 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 59-1991450 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 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 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 DEEN, DAVID J. 3531 N. 47TH AVENUE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 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 registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE DEEN, DAVID J. NAME 1.2 NAME 3531 N. 47TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY+ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition DEEN, LEONIE NAME 22 NAME 3531 N. 47TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 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 3 4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 appliemental 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 by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

4.14.98

(954) 922 9300

6.4 CITY-ST-ZIP