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

TITLE

NAME

STREET ADDRESS

SIGNATURE: >

CITY-ST-ZIP

Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 669782 (5)ESTHER KALMBACH, INC. Principal Place of Business Mailing Address 1201 S OCEAN BLVD 1201 S OCEAN BLVD POMPANO BCH FL 33062 POMPANO BCH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1999596 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Ziρ Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 24 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ASHCRAFT, WILLIAM E. 2881 E OAKLAND PARK BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 84 City 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, typed or protest name of registered agent aretation and to able (NOTE Ringistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE Addition TITLE KALMBACH, ESTHER 1.2 NAME NAME 1370 S. OCEAN BLVD. 1.3 STREET ADDRESS STREET ADDRESS POMPANO BCH FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE T☐ Change Addition 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME 3 3 STREET ADDRESS 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 CITY-S1-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STHEET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP

FILED

Change

Addition

14. hereby 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 frustee 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. Ester Kalmback ESTHER KALMBACK

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME **6 3 STREET ADORESS**

DELETE