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

FILED PROFIT Jun 11 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # 677888 JAMES W. DAWSON, P.A. Principal Place of Business Mailing Address 633 S. ANDREWS AVENUE 633 S. ANDREWS AVENUE P.O. BOX 14519 P.O. BOX 14519 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 3. Date Incorporated or Qualified 07/09/1980 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 633 S. Andrews Hore. 59-2015021 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 500 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 33302 Country 8. This corporation owes or has paid the current year Intangible 338*0*2 wowa a 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DAWSON, JAMES W. 633 S. ANDREWS, AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 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 before or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTF: Registered Agent signature required when reinstating) Signature, typied or printed name of regetioned age it and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE 1.1 TITLE Change TITLE DAWSON, JAMES W. 1.2 NAME NAME 633 S. ANDREWS AVENUE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELFTE Change Addition TITLE 2.1 TITUE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIF 2 4 CHY-ST-ZIF ☐ DELETE Change Addition TITLE 3 1 THLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1.1ITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELFTE Change ☐ Addition 51 TILLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 truetee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, over an attachment with an address.