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

May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name (6)9480 CORP. Principal Place of Business Mailing Address 9480 HARDING AVE PO BOX 546781 9480 HARDING AVENUE P. O. BOX 546781 SURFSIDE FL 33154 DO NOT WRITE IN THIS SPACE SURFSIDE FL 33154 3. Date Incorporated or Qualified 06/16/1981 al Place of Business 2a. Mailing Address FEI Number Applied For Box 59-2098202 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be MYSINE 6. Election Campaign Financing LONINA 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. ☐ Yes 30 10. Name and Address of New Registered Agent FRIEDHEIM, GERHARD RUH 81 13000 Griffing Blvd. N. Mizmi, Fr. 33161 82 13000 Gaithing 83 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, hyped or particular purpose of changing its registered agent signature required when reinstating)

DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TOLE 11 DITE Hebident FRIEDHEIM, RUTH with Fried NAME 1.2 NAME DASO HARDING AVENUE 13000 GET FING BIN 13000 Griffing Blyd STREET ADDRESS STREET ADORESS 1.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Addition TITLE 2.1 TITLE FRIEDHEIM, GERHARD (DeceaseD) 9480 HARDING AVENUE STREET ADDRESS SURFSIDE, FL 00000 CITY-ST-ZIP 2 4 City-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City - St - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP I 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

UTHFRIEDHEIM(F.P) / April81998 (301)861-6766

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