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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

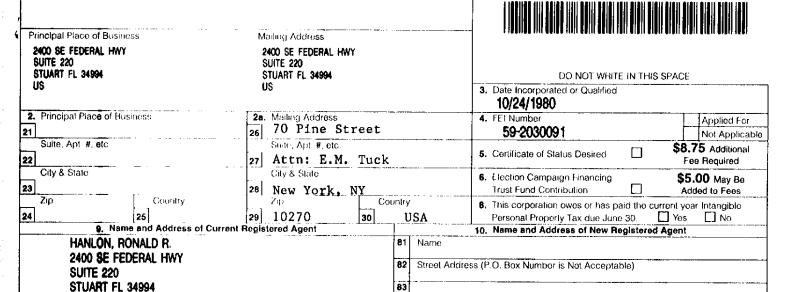
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

SPECIAL ACCOUNTS MANAGEMENT, INC.

FILED May 18 1998 8:00am Secretary of State



12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition DOUGLAS, H & NAME 1.2 NAME 2400 SE FEDERAL HWY #220 STREET ADDRESS 1.3 STREET ADDRESS **STUART FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP X DELETE TITLE 2.1 TITLE Change ☐ Addition **BROXTON, ROBERT E** NAME 2.2 NAME 2400 SE FEDERAL HWY SUITE 220 STREET ADDRESS 2.3 STREET ADDRESS **\$TUART FL** CITY - ST - ZIP 2 4 CITY-ST-7IP VDST DELETE TITLE V/D 3.1.1IILE X Change Addition BACH, LEONARD J. NAME 32 NAME 2400 SE FEDERAL HWY #220 STREET ADDRESS 3.3 STREET ADDRESS STUART FL CITY-ST-ZIP 3 4. CHY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME Tuck, Elizabeth M. STREET ADDRESS 4.3 STREET ADDRESS 70 Pine Street CITY-ST-ZIP 4.4 CITY - ST - ZIP New York, New York 10270

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 obliquitions of, Section 607,0505, Florida Statutes.

(NOTE: Registered Agent signature required when reinstating)

6.4 CITY - ST- ZIP 14. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attainment with an address

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-7IP

D/V/S/T

Stuart, FL

Moore, Kelli J.

2400 SE Federal Highway

Change

Zip Code

Addition

Add-tion