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

Jan 20 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 # F04545 (2)LAW OFFICES OF HENRY KAYE, P.A. Principal Place of Business Mailing Address 230 ROYAL PALM WAY 230 ROYAL PALM WAY SUITE 305 SUITE 305 DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Incorporated or Qualified 11/06/1980 Principal Place of Business 325 11th Street 2a. Mailing Address Applied For 325 11th Street, Not Applicable 59-2075844 \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State 6. Election Campaign Financing \$5.00 May Be West PALM BEACH, FL, \Box Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No ddress of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAYE, HENRY L. 230 ROYAL PALM WAY Box Number is Not Acceptable) 82 SUITE 305 83 PALM BEACH FL 33480 84 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 juriplicar with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the SIGNATUR 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE Change Addition TITLE PST NAME KAYE, HENRY L. 1.2 NAME 325 11th St. WEST PALMBEACH, FL. 33401 STREET ADORESS 230 ROUAL PALM WAY, SUITE 305 1.3 STREET ADDRESS PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 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 - \$T - ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change ■ Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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 composition or the receiver or ungree 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 will an address.

KANE PARKIDENT 1-8,99 (541) 656-4113

FILED