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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**FILED** Apr 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F15088 (0) FELNER DEVELOPMENT CORP. Principal Place of Business Mailing Address 4770 TREE FERN DRIVE 4770 TREE FERN DRIVE **DELRAY BEACH FL 33445 DELRAY BEACH FL 33445** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2106014 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELNER, JAY 4770 TREE FERN DRIVE Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** 83 84 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** Signature typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition NAME FELNER, JAY 1.2 NAME 4770 TREE FERN DR STREET ADDRESS 1.3 STREET ADDRESS DELRAY BCH. FL CFTY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Addition 21 TIME Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-2IP 2.4 CITY-ST-ZIP ☐ DELETE 3.1 THILE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TOLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 THILE Change Addition NAME 5.2 NAME

CITY-ST-ZIP 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 minual 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 trusten empewered 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 attagingent with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Change

Addition

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE