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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 26 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (7)B & A ASSOCIATES, INC. Principal Place of Business Mailing Address 100 NW 96TH LANE 100 NW 98TH LANE CORAL SPRINGS FL 33071-7359 CORAL SPRINGS FL 33071-7359 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1981 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 59-2089889 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MOSKOWITZ, WILLIAM M 100 NW 98TH LANE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL SPRINGS FL 33065** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. __ DELETE 1.1 TITLE ☐ Ćhange Addition TITLE NAME MOSKOWITZ, WILLIAM 1.2 NAME 100 NW 98TH LANE STREET ADDRESS 1.3 STREET ADDRESS CORAL SPGS, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP STD DELETE Change Addition TITLE 2.1 TITLE MOSKOWITZ, ARLENE NAME 2.2 NAME 100 NW 98TH LANE STREET ADDRESS 2.3 STREET ADDRESS CORAL SPGS, FL 00000 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-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME

14. Thereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my pame appears in Block 12 or Block 13 if changed, or on an attachment with an address. (954)

6,1 TITLE

6.2 NAME

DELETE

5 3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

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NAME

463-6611

Change

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