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

FILED Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) ALAN D. BERMAN C.P.A., P.A. Mailing Address Principal Place of Business 11348 NW 14 CT. 11348 NW 14 CT. C/O ALAN D. BERMAN C/O ALAN D. BERMAN PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1981 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 9765 Southbrook DR 765 South Brook DC 59-2105211 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent Personal Property Tax due June 30. 10. Name and Address of New Registered Agent BERMAN, ALAN D. 81 Name 11348 NW 14 CT. Street Address (P.O. Box Number Is Not Acceptable) 82 PEMBROKE PINES FL 33026 83 CHTacksonville Zip Code 84 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change TITLE DELETE 1.1 TITLE BERMAN, ALAN D 1.2 NAME NAME 11348 NW 14 CT. STREET ADDRESS 1.3 STREET ADDRESS 9765 Southbrook DR # 4306 PEMBROKE PINES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE

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 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 X12 Block 12 or Block 13 if changed, or on an attachment with an address

5.2 NAME

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

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

3/24/98 904 B1 7303

☐ Addition

Change