FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 04 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F48004 (8)ERIC B. MEYERS, INC. Principal Place of Business Mailing Address 201 S. BISCAYNE BLVD 1500 MIAMI CENTER 201 S. BISCAYNE BLVD 1500 MIAMI CENTER DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 09/01/1981 2. Principal Place of Business 2a. Mailing Address Applied For 59-2119626 21 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 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No Zip Country Zip 24 25 Personal Property Tax due June 30. 30 29 9, Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) 1600 MIAMI CENTER 83 **MIAMI FL 33131** B4 City Zip Code 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 Horida. 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 trige scient agent and title diapple africe (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change DELETE TITLE 1.1 TITLE MEYERS, GAIL S NAME 1.2 NAME 2000 SOUTH BAYSHORE DR. #72 STREET ADDRESS 1.3 STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Change MEYERS, GAIL S. NAME 2.2 NAME 2000 SO BAYSHORE DR #72 STREET ADDRESS 2.3 STREET ADDRESS COCONUT GROVE FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- 2(P DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 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 trusted 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 attractment with an address.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Pleas

DELETE

Addition

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***550.00