FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F48723 (3)L.P. 'S BACKDOOR, INC. Principal Place of Business Mailing Address 3300 SOUTH DIXIE HWY 3300 SOUTH DIXIE HWY WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/19/1981</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2190322 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PARSONS, PAUL Lester 3300 S DIXIE 82 Street Address See RIGHT W PALM BEACH FL-33405 83 84 City 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 objigations of, Segtion 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE Addition 1.1 TITLE TITLE PARSONS, PAUL E. NAME 1.2 NAME 519 281H STREET? 1.3 STREET ADDRESS STREET ADDRESS W-PALM BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE KINGŠLEY, LESTER F 2.2 NAME NAME **519 28TH STREET** STREET ADDRESS 2.3 STREET ADDRESS W PALM BEACH FL 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 TITLE DELETE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTy - 51 - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TIME TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE

> 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS 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 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 recover or trustee 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 artischipent with an address.