FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 20 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 #

1. Corporation Name F88399 (3)THE BANKACT INC. Principal Place of Business Mailing Address 2101 NW 33RD-STREET: #300A 2101 NW 33 ST POMPANO BEACH FL 33069 #900A~ DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 07/22/1982 2. Principal Place of Business Applied For Mailing Address 7520 7520 21 59-2209704 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible USA usA25 Personal Property Tax due June 30. ☐ Yes ΠNo g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name IGOE, DANIEL V 2101-NW-63RD-STREET, SUITE 300A Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 7520 BRISTO LA
PARKLAND, FL
33067 City 85 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 Slate 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITUE IGOE, DANIEL V NAME 12 NAME 7520 BRISTOL LANE STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE ___ Addition 4.1 TITLE TITLE 4. 2 NAME 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 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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

6.3 STREET ADDRESS

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 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

STREET ADDRESS

CITY-ST-ZIP