FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) F97329 WILLIAM E. BLYLER, P.A. Principal Place of Business Mailing Address 1901 W. CYPRESS CREEK RD., SUITE 415 1901 W. CYPRESS CREEK RD.. SUITE 415 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2219686 600 S. Andrews Ave. Not Applicable 112 Gordon Road Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Ft. Lauderdale, FL Pisgah Forest 23 Trust Fund Contribution Added to Fees Zip Žφ Country 8. This corporation owes or has paid the current year Intangible 28768 33301 Personal Property Tax due June 30. Yes 24 NC 25 Broward 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BLYLER, WILLIAM E HUGH T. MALONEY, ESQ. 1901 W CYPRESS CREEK ROAD Street Address (P.O. Box Number is Not Acceptable) 600 S. ANDREWS AVENUE 82 SUITE 415 FORT LAUDERDALE FL 33309 83 FORT LAUDERDALE, FLORIDA 33301 84 Zip Code 33301 FORT LAUDERDALE 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 (NOTL Registered Agent signature required when reinstating) AND DIFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. **OFFICERS K**Change Addition DELETE 1.1 TITLE TITLE PTD **B**LYLER, WILLIAM E NAME 1.2 NAME BLYLER, WILLIAM E. **1881 UNIVERSITY DR SUITE 206** 1.3 STREET ADDRESS STREET ADDRESS 112 GORDON RO PISGAH, FORES **CORAL SPRINGS FL** 1.4 CITY-ST-ZIP NC 28768 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE BLYLER, DIANE R. NAME 22 NAME BLYLER, DIANE R. 1881 UNIVERSITY DR SUITE 206 23 STREET ADDRESS STREET ADDRESS 112 GORDON ROAD CORAL SPRINGS FL 2 4 CITY-ST-ZIP CITY-ST-ZIP PISGAH FOREST, NC 28768 DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE

6.4 CITY-ST-ZIP 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 Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME

2.19.98

704.884.9327

TITLE

NAME STREET ADDRESS