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

Feb 26 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G17011 DAVID J. ROSENTHAL, CPA, P.A. Principal Place of Business Mailing Address 1121 NW 106 AVE 1121 NW 106 AVE PLANTATION FL 33322 PLANTATION FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1983 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 59-2242377 21 Not Applicable 26 Suita, 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 Trust Fund Contribution Added to Fees 23 26 Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 24 30 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSENTAL, DAVID J., CPA 1121 NW 106 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 84 City Zip Code Pursuant to the provisions of Sections 607.05.02 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 transe of expedience agent and title diapplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Change ☐ Addition TITLE 1.5 TITLE ROSENTHAL, DAVID J.,CPA 1.2 NAME NAME 1121 NW 106 AVE. STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33322** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELE 1E Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAM8 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I heroby 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 suppliemental armuni 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 allochment with an address

SIGNATURE:

DAVID J. ROSENTHAL

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