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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

G56743

(9)

FILED Mar 12 1998 8:00am Secretary of State

E.V.W.S., INC. Principal Place of Business Mailing Address % LAWRENCE BLOCK % LAWRENCE BLOCK 9701 N.W. 33 MANOR 9701 N.W. 33 MANOR SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE SUNRISE FL 33351 3. Date Incorporated or Qualified 08/25/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2315062 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BLOCK, LAWRENCE** 9701 N.W. 33RD MANOR Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 83 84 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 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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 1.1 TITLE Change Addition **BLOCK, LAWRENCE** NAME 1.2 NAME 9701 N.W. 33RD MANOR STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP POY DELETE Addition TITLE 21 TITLE Change **BLOCK, LAWRENCE** NAME 2.2 NAME 9701 NW 33RD MANOR STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL CITY-ST-7IP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.8 STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition 61 THLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 suppliemental 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 change (i) an attachment with an address.

SIGNATURE: 1

AWRENCE S BLock