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

**PROFIT** 

CHTY-ST-ZIP

SIGNATURE:

Feb 17 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT # H23727** STEPHEN A. WAYNER, P.A. Principal Place of Business Mailing Address 6701 SUNSET DRIVE. #100 6701 SUNSET DRIVE. #100 MIAMI FL 33143-1529 MIAMI FL 33143-1529 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/03/1984 Applied For 4. FEI Number 26 2650 BISCAYNE 2650 59-2474007 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 oty & State \$5.00 May Be 6. Election Campaign Financing MAG 23 Trust Fund Contribution Added to Fees Country B. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WAYNER, STEPHEN A. TENHEN DUSMKH 6701 SUNSET DRIVE 82 Street Address (P.Q. SUITE 100 83 MIAMI FL 33143-1529 City 84  $M \sim M$ 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. SIGNATURE DAT OFFICERS AND DIRECTORS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. [] DECETE Addition TITLE meaning Change WAYNER, STEAMEN 4. WAYNER, STEPHEN A. NAME 6701 SUNSET DRIVE #100 1.3 STREET ADDRESS STREET ADDRESS 33137 samor MIAMI FL 14 CITY - ST-ZIP City - St - ZiP \_\_\_\_ Addition 🔲 DEUTË 21 DILE Change THILE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2 4 CITY-ST-ZIP DITTE Change Addition TITLE 3.1 100 6 NAME 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DETETE Addition 4.1 TITLE TILLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP III mine Addition 5.1 HILE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6 1 TITLE Change Addition TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with the hing 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 of supplienced around 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

CLORIDA DEPARTMENT DE STATE

**FILED**