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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H28053

OLD CROW, INC.

FILED Mar 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2221 NORTHWEST 70TH AVENUE 2221 NORTHWEST 70TH AVENUE SUNRISE FL 33313 SUNRISE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1984 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2476763 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıp Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BISHOP, ARTHUR J. 2221 N.W. 70TH AVENUE Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33313 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. SIGNATURE (NOTE Registered Agent signature when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE Change Addition 1.1 TITLE TITLE **BISHOP, ARTHUR JAMES** 1.2 NAME NAME 2221 N.W. 70TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **BISHOP, ARTHUR JAMES** NAME 2.2 NAME 2221 N.W. 70TH AVENUE STREET ADDRESS 2 3 STREET ADDRESS SUNRISE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE BISHOP, JOSEPH P NAME 32 NAME 958 LAURA ST. STREET ADDRESS **3.3 STREET ADDRESS** CASSELBERRY FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE BISHOP, JOSEPH P 4. 2 NAME NAME 958 LAURA ST. STREET ADDRESS 4.3 STREET ADDRESS CASSELBERRY FL 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition ☐ Change 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 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 of the Accurate 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, with an address.

Alles,

SIGNATURE: