**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 13 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H31164 DONALD S. ZUCKERMAN, P.A. Mailing Address Principal Place of Business C/O DONALD S. ZUCKERMAN 2701 OAKBROOK MANOR C/O DONALD S. ZUCKERMAN 2701 OAKBROOK MANOR DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33332 FT LAUDERDALE FL 33332 3. Date Incorporated or Qualified 11/21/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2472107 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Žιρ Country 2m8. This corporation owes or has paid the current year Intangible Yes Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZUCKERMAN, DONALD S. 2701 OAKBROOK MANOR Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33332 83 84 City 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 required when reinstating) Signature, typical or printed name of registers, Lagent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Addition Change DELETE 1.1 TITLE TITLE ZUCKERMAN, DONALD S. 1.2 NAME NAME 2701 OAKBROOK MANOR 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 CITY - ST - ZIP CITY - S1 - ZiP Addition DELETE Change 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3 1 1ITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-7IP Change Addition □ DELETE 4.1 THLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition 5.1 THLE TIFLE **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 6.3 STREET ADDRESS

6.4 CITY - S1 - 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

or on an attachment with an address. 2-21 00

STREET ADDRESS

CITY- \$1-20P

1954)2800121.