**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 11 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H63830 VARGOFF GROUP, INC. Principal Place of Business Mailing Address 1405 CHAPPARD COURT 1405 CHAPPARD COURT P.O BOX 3332 P.O ROX 3332 DO NOT WRITE IN THIS SPACE WELLINGTON FL 33480-1532 WELLINGTON FL 33414-5825 3. Date Incorporated or Qualified 06/26/1985 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 31-1142706 Not Applicable 21 Suite, 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 23 26 Added to Fees Zip , Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VARGAS, EDWIN A 1405 CHAPPARD COURT **B2** Street Address (P.O. Box Number is Not Acceptable) WELLINGTON FL 33414-2825 (33414-5825) 83 84 City 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: Signature: typed or pointest name of registered agent and title if apply able (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE \_\_ Change ☐ Addition TITLE 1.1 TITLE NAME VARGAS, EDWIN A. 1.2 NAME 1405 CHAPPARD COURT STREET ADDRESS 1.3 STREET ADDRESS WELLINTON FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE HUTCHINSON, CHARLES M. 2.2 NAME NAME 232 COUNTY ROAD 2.3 STREET ADDRESS STREET ADDRESS **DEMAREST NJ** 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$T - 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 DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

64 CHY-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 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.

6 3 STREET ADDRESS

6.1 TITLE

DELETE

SIGNATURE: E. A. Vargas

TITLE

NAME

STREET ADDRESS

Marc

March 6, 1998 (561) 793-3091

Change

Addition