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

**FILED** Mar 31 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H76043 (9) KENNETH D. STERN, P.A. Principal Place of Business Mailing Address 4800 N FEDERAL HWY P.O. BOX 3878 **BOCA RATON FL 33427** SUITE D-207 **BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/16/1985 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2578179 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Country Zip Country Yes 24 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STERN, KENNETH D. 7000 W PALMETTO RD #203 62 **BOCA RATON FL 33433** 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 Suite of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar mith, and accept the entire of the provision of the prov 3-25-98 SIGNATURE or printed name of ogistered agent and title if applicable red Agent signatura required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 1.3 TITLE Change STERN, KENNETH D NAME 1.2 NAME 4800 N FEDERAL HWY, SUITE D-207 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. 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 Addition DELETE Change TELLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

3/25/08

338-3000

6.4 CITY-ST-ZIP 14. I hereby 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 occeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if changed, or on a