COF	PROFIT RPORATION JAL REPORT	FEE AFTER	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				ı	FILED		
	1 <b>9</b> 98	Contract of the Contract of th	DIVISION OF	,						
DOCUI 1. Corporatio		3511	(8)					22 PM 4: ( ARY OF STA ASSEE, FLOR		
Principal Place of Business Mailing Address										
6100 CONGRESS AVE 6400 CONGRESS AVE SUITE #2000 SUITE #2000 BOGA RATON FL 33487-2810				281 <del>0 -</del>			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Ma	iling Address				<b>01/21/1987</b> El Number		Applied For	
21 717 N. Harwood 21							59-2762422		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<b>5.</b> 0	Certificate of Status Desired		75 Additional se Regulred	
City & State		28 Zip	State  Oculos.	Tx Cour	dry	'	lection Campaign Financing rust Fund Contribution	Ad	.00 May Be Ided to Fees	
24 آ 75ک			75201	1	ĴŚΑ		his corporation owes or has ersonal Property Tax due Ju		ar Intangible No	
9, Name and Address of Current Registered Agent 10							10. Name and Address of New Registered Agent			
82 Street Address						Address (P.C	atim Service D. Box Number is Not Accept 1945 Street	(compan	7	
				[	83					
					B4 City .	Tallah	معدد	FL 85	Zip Code 3430/	
i //	to the provisions of Sections egistered agent, or both, in flaming with, and accept	s 607.0502 and 607.1 the State of Florida. S the obligations of, Se	508, Florida Statul such change was a ction 607 0505, Flo	es, the ab authorized orida Statu	ove-named by the corp les.	corporation poration's bo	submits this statement for the ard of directors. I hereby acc	e purpose of chang cept the appointmen	ing its registered nt as registered	
SIGNATURE	Signature, typiod or printed name of re	eget fred agent and lete it app	Lable (NOT	E Registered	Agent signature	required when re	nstating)	4-22 DATE	·>8	
12.	<del></del>	CERS AND DIRECTOR		13.		AĽ	DITIONS/CHANGES TO OF			
TITLE	VO		☐ DELET <b>e</b>	1.1 THT	E	AS		Cha	ange 🔀 Addition	
NAME	TERWILLIGER, J. ROI			1.2 NA1	AE.	Steinhan	dt, Shari		•	
STREET ADDRESS	2859 PACES FERRY	RD.		1.3 \$TR	EET ADDRESS	6400 Ca	ngues Ave, Sterl	000		
CITY-ST-ZIP	ATLANTA GA				( ST , ZIP		alm El TRUPT			

CBE034 (1009) TITLE DELETE Change 2.1 TITLE **BRYANT, BRAD** 2.2 NAME 6400 CONGRESS AVE. STREET ADDRESS 2.3 STREET ADDRESS 300002498823--7 **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP 04/24/38--01000hange012 Addition TITLE DEFELE 3.1 TITLE \*\*\*\*150.00 \*\*\*\*150.00 NAME CROW, HARLAN 3.2 NAME 2001 ROSS AVE., #3500 STREET ADDRESS 3.3 STREET ADDRESS **DA**LLAS TX 75201 CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE TITLE PD 4.1 11TLE ☐ Change ☐ Addition WHEELER, CHRIS 4. 2 NAME 6400 CONGRESS AVE. STREET ADDRESS 4 3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE TITLE 5.1 TITLE Change \_\_\_ Addition FISH, DEBORAH NAME 5.2 NAME 6400 CONGRESS AVE. STREET ADDRESS 5.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ DELETE TITLE 6.1 TITLE Chang NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 suppliemental 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.