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

FILED Jan 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name (3) J62508 FRANK PRINE & DANTE, INC. Principal Place of Business Mailing Address 5030 CHAMPION BLVD., SUITE G 5030 CHAMPION BLVD., SUITE G **BOGA RATON FL 33496-2473** BOCA RATON FL 33496-2473 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1757097 Not Applicable 26 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 Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible. Zip KINO ASSERS Personal Property Tax due June 30. Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRINE, FRANK 5030 CHAMPION BLVD., #G Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Change Addition TITLE 1.1 TITLE PRINE, FRANK NAME 1.2 NAME 5030 CHAMPION BLVD, #G STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-7IP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY ST 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 4 NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 logal 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 on an attachment of an address.

R2E034 (10/97