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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J86215

(7)

FILED Apr 15 1998 8:00am Secretary of State

KAREN M. ZANN, P.A. Principal Place of Business Mailing Address % KAREN M. ZANN % KAREN M. ZANN 1323 SE THIRD AVE FT. LAUDERDALE FL 33316 1323 SE THIRD AVE DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 07/31/1987 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2839283 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 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 Zip Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 20 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZANN, KAREN M. 1323 SE THIRD AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 63 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 d title if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE ZANN, KAREN M. NAME 1.2 NAME CR2E034 1323 SE THIRD AVE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 DILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADORESS 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 a Supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conforation or the receiver or suffee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address.

SIGNATURE:

KINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR