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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 27 1998 8:00am

Secretary of State

11-20-200

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # J

STREET ADDRESS

Block 12 or Block 13 if change

CITY-ST-ZIP

J97403

(6)

REGISTRATION CORPORATION OF FLORIDA, INC.

Principal Place of Business Mailing Address 22422 THOUSAND PINES LANE 22422 THOUSAND PINES LANE **BOCA RATON FL 33428 BOCA RATON FL 33428** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/1987 Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 **65-0008777** 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 Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. 25 30 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name ACKERMAN, HOWARD 22422 THOUSAND PINES LANE 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 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 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, typod or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 T(T) F **ACKERMAN, HOWARD** NAME 1.2 NAME STREET ADDRESS 22422 THOUSAND PINES LN 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE VSD 2.1 TITLE ACKERMAN, DOROTHY NAME 2.2 NAME 22422 THOUSAND PINES LN STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 7171 6 Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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

address.