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

FILED Apr 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) K04697 VENDORPLUS, INCORPORATED Principal Place of Business Mailing Address 250 CATALONIA AVENUE 250 CATALONIA AVENUE SUITE 801 SUITE 801 DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 12/01/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0046196 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 8. Election Campaign Financing \$5.00 May Be П 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PERWIN, JEAN S. INGRAHAM BUILDING, STE. 623 Street Address (P.O. Box Number is Not Acceptable) 82 25 SOUTHEAST SECOND AVE. 83 MIAMI FL 33131 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE BROCK, CAROL S. NAME 1.2 NAME 850 ANASTASIA AVE. STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE BROCK, JAMES E. 2.2 NAME NAME STREET ADDRESS 850 ANASTASIA AVE. 2.3 STREET ADORESS **CORAL GABLES FL 33134** 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 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filing does not of indicated on this annual roport or supplemental annual roport is tree? officer or director of the corporation or the receiver or trustee exposes Block 12 or Block 13 if changed, or an adjuscipment with an adjuscipment. 7 Feb 98 SIGNATURE:

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

305.441.8100

y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

CR2E034

Addition