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

Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K23633 (6) DOINA HARRINGTON, P.A. Principal Place of Business Mailing Address 234 OLEANDER AVE 250 EVERGLADES AVE STE. 4 DO NOT WRITE IN THIS SPACE PALM BEACH FL 33480 3. Date Incorporated or Qualified 05/16/1988 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0047617 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRINGTON, DOINA HORNEA 234 OLEANDER AVE., STE. 4 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 84 City 85 Zip Code FL 11. Pursuant to the previsions 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 profited name of registernal agent and file if applicable (NOTE: flog sterod Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1111111 HARRINGTON, DOINA HORNEA 1.2 NAME NAME 234 OLEANDER AVE., STE. 4 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIF Change ☐ DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIF 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TILLE TITLE NAME 3.2 NAM8 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TRUE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. Thereby 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, or on an attachment with an address.

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