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SIGNATURE:

Mar 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)K34664 RANDOLPH H. JAMES, CPA, P.A. Principal Place of Business Mailing Address 980 N FEDERAL HWY 312 980 N FEDERAL HWY 312 BOCA RATON FL 33432 **BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1988 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0073807 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 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name JAMES, RANDOLPH H. 980 N FEDERAL HWY 312 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** 83 84 City Zip Code 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, typoid or printed name of projectored ergors and title if applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ___ Addition JAMES, RANDOLPH H. NAME 1.2 NAME CRZE034 980 N FEDERAL HWY 312 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 21 TIFLE Change NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE Change Addition 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 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 City - ST - ZiP 64 GIT-SI-ZIT |
65 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 all report or supplier of the same legal effect as if made under oath; that I am an exemption or the cogniver or trustee empowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in if changed, or on an infa-thment with an arthress. 14. I hereby certify that to indicated on this ann officer or director of Block 12 or Block

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