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

**FILED** May 07 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 # (2) ATHANS BAIL BONDS, INC. Principal Place of Business Mailing Address % GEORGE ATHANS % GEORGE ATHANS 1850 SW 8TH ST SUITE 312 1850 SW 8TH ST SUITE 312 DO NOT WRITE IN THIS SPACE MIAM! FL 33135 MIAMI FL 33135 3. Date incorporated or Qualified 09/30/1988 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 21 65-0076957 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Zip Cc Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEWIS, RICHARD C. 799 BRICKELL PLAZA Street Address (P.O. Box Number is Not Acceptable) SUITE 702 **MIAMI FL 33131** Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was authoriz
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St ve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agent and little if applicable gent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE PD Addition TITLE Change ATHANS, GEORGE NAME 1.2 1 1850 SW 8TH ST. #312 STREET ADDRESS ET ADDRESS MIAM! FL CITY-ST-ZIP -ST-ZIP DELETE Addition TITLE 2.1 T 2.2 N NAME STREET ADDRESS 2351 ET ADDRESS CITY-ST-ZIP Y-ST-ZIP DELETE Addition TITLE 3.1 TIT NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ■ Addition 4.1 TITLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 suppliemental 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 receivor of 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 attaching with an address.

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 63 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

> George Altons

■ DELETE

☐ Addition