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

PROFIT Feb 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K78079 (6)A. J. L. PROPERTIES, INC. Principal Place of Business Mailing Address % WILLIAM J. DOLAN % WILLIAM J. DOLAN 6192 SW HWY 72 6192 SW HWY 72 DO NOT WRITE IN THIS SPACE ARCADIA FL 34266 ARCADIA FL 34266 3. Date Incorporated or Qualified 04/06/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0120640 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOLAN, WILLIAM J. 6192 SW HWY 72 82 Street Address (P.O. Box Number is Not Acceptable) arcadia fl. 34266 83 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 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition DOLAN, WILLIAM J. NAME 1.2 NAME 6192 SW HWY 72 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP ARCADIA FL 1.4 CITY - ST - ZiP DELETE TITLE 21 TITLE Change Addition DOLAN, MARK A NAME 2.2 NAME 6192 SW HWY 72 STREET ADDRESS 2.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 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 any dail poor 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 exemption or fuse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changely, or many many with an address.

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