

FILED  
Mar 23 1998 8:00am  
Secretary of State

[illegible]DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/03/1989

|                                    |                |
|------------------------------------|----------------|
| 4. FEI Number<br><b>65-0127172</b> | Applied For    |
|                                    | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|  |                          |                                    |
|--|--------------------------|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|--------------------------|------------------------------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**PORT E. STEPHANY**  
P.O. Box Number is Not Acceptable)  
**BAYVIEW DRIVE**  
**521**

**FL** **85** Zip Code **33304**

SIGNATURE Kurt E. Stephany 3/16/98  
 Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when registering.) DATE

|                |                   |                    |  |
|----------------|-------------------|--------------------|--|
| NAME           | STEPHANI, KURT E. | 1.2 NAME           |  |
| STREET ADDRESS | 2734 NE 20TH CT   | 1.3 STREET ADDRESS |  |
|                | FT LAUDERDALE FL  |                    |  |

|             |                                 |                 |   |
|-------------|---------------------------------|-----------------|---|
| CITY-ST-ZIP | FL. DORRISDALE FL               | 1.4 CITY-ST-ZIP |   |
| TITLE       | <input type="checkbox"/> DELETE | 2.1 TITLE       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME        |                                 | 2.2 NAME        |   |

|                |                    |
|----------------|--------------------|
| NAME           | 2.2 NAME           |
| STREET ADDRESS | 2.3 STREET ADDRESS |
| CITY, ST, ZIP  | 2.4 CITY, ST, ZIP  |

|             |                                 |                 |   |
|-------------|---------------------------------|-----------------|---|
| UNIT-31-21P |                                 | 2.4 UNIT-31-21P |   |
| TITLE       | <input type="checkbox"/> DELETE | 3.1 TITLE       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME        |                                 | 3.2 NAME        |   |

|                 |                     |
|-----------------|---------------------|
| STREET ADDRESS  | 3.3 STREET ADDRESS  |
| CITY - ST - ZIP | 3.4 CITY - ST - ZIP |

|       |                                 |           |                                 |                                   |
|-------|---------------------------------|-----------|---------------------------------|-----------------------------------|
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |                                 | 4.2 NAME  |                                 |                                   |

|                 |                     |
|-----------------|---------------------|
| STREET ADDRESS  | 4.3 STREET ADDRESS  |
| CITY - ST - ZIP | 4.4 CITY - ST - ZIP |

| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------------------|-----------|---------------------------------|-----------------------------------|
| NAME  |                                 | 5.2 NAME  | 200002464842                    |                                   |
|       |                                 |           | -03/23/98--01013--035           |                                   |

|                 |                     |           |
|-----------------|---------------------|-----------|
| STREET ADDRESS  | 5.3 STREET ADDRESS  | ***150.00 |
| CITY - ST - ZIP | 5.4 CITY - ST - ZIP |           |

| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
|-------|------|-----------|----------|
|       |      |           |          |

14. I hereby 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 legal 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.

CR2E034 (10/97)