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Sep 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K91253 (0)

1. Corporation Name
CORPORATE AMENITIES, INC.

Principal Place of Business	Mailing Address
~~2733 N.E. 18TH TERRACE~~ ~~WILTON MANORS FL 33306~~	~~2733 N.E. 18TH TERRACE~~ ~~WILTON MANORS FL 33306~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ~~1401 NE 9th Street~~ 5561 OAKVIEW TERR Suite, Apt. #, etc. 22 #9 City & State 23 ~~Fort Lauderdale, FL~~ HOLLYWOOD FL Zip 24 ~~33304~~ 33312 Country 25 US	2a. Mailing Address 26 ~~1401 NE 9th Street~~ 5561 OAKVIEW TERR. Suite, Apt. #, etc. 27 #9 City & State 28 ~~Fort Lauderdale, FL~~ HOLLYWOOD, FL. Zip 29 ~~33304~~ 33312 Country 30 US

3. Date Incorporated or Qualified: 05/26/1989

4. FEI Number: 65-0124809 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OTTINO, J.P. III ~~2733 N.E. 18TH TERRACE~~ ~~WILTON MANORS FL 33306~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) ~~1401 NE 9th Street~~ 5561 OAKVIEW TERR. 83 #9 HOLLYWOOD FLA. 33312 84 City Fort Lauderdale FL 85 Zip Code ~~33304~~

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OTTINO, J.P. III ~~2733 N.E. 18TH TERRACE~~ ~~WILTON MANORS FL 33306~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	5561 OAKVIEW TERR. ~~1401 NE 9th Street #9~~ HOLLYWOOD FLA 33312 ~~Fort Lauderdale, FL 33304~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	900002635319 -09/09/98--01047--040 ***558.75	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: J.P. Ottino III (954) 537-4765