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

FILED Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (3)SPALDING-FARDIE & ASSOCIATES. INC. Mailing Address Principal Place of Business 560 VILLAGE BLVD 100 LAKESHORE DR 100 W PALM BEACH FL 33409 N PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 06/02/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0131903 Not Applicable 21 26 Suite Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 25 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SPALDING-FARDIE, SHERRY ENNETH FARDIE Street Address (P.O. Box Number is Not Acceptable) 100 LAKESORE DR 82 L-1 83 N PALM BCH FL 33408 PAUM BCH 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 agent. I am familiar with, and accept the obligations of, Section 607 051 board of directors. I hereby accept the appointment as registered loride Statutes W. FARDIE Ken neth **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELET Change TITLE 1.1 TITLE SPALDING-FARDIE, SHERRY NAME 1.2 NAME 100 LAKESHORE DR. L-1 STREET ADDRESS 1.3 STREET ADDRESS N PLAM BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME

CITY-ST-ZIP 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 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 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.

61 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

98 686 OIK

Change

Addition