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

SIGNATURE:

PROFIT Apr 27 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L17346 MIZNER SQUARE, INC. Principal Place of Business Mailing Address % RONALD A. DAVID % RONALD A. DAVID 2600 N MILITARY TR/SUITE 125 2600 N MILITARY TR/SUITE 125 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431** BOCA RATON FL 33431 3. Date Incorporated or Qualified <u>09/18/1989</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0163937 26 Not Applicable Suite. Apl. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent (g. Name and Address of New Registered Agent 81 Name DAVID, RONALD A. 2600 N MILITARY TR Street Address (P.O. Box Number is Not Acceptable) **SUITE 125** 83 **BOCA RATON FL 33431** 84 City 85 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TOLE Change Addition TITLE **DELANEY, THOMAS** 1.2 NAME NAME 4720 S OCEAN BLVD 1.3 STREET ADDRESS STREET ADDRESS HIGHLAND BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE HANFORD, THOMAS 22 NAME NAME 7028 VALENCIA DR STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** 2.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE WORKMAN, THOMAS, JR. 3.2 NAME NAME STREET ADDRESS 6699 N FEDERAL HWY 3.3 STREET ADDRESS **BOCA RATON FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE DAVID, RONALD A. 4. 2 NAME NAME 1130 SW 14TH DRIVE 4.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ___ Change Addition 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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.

FILED