FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # L31130 DALLAS-DALLAS, INC. Principal Place of Business Mailing Address C/O JEFFREY A. DEUTCH. ESO 7777 GLADES RD. STE. 300 C/O JEFFREY A. DEUTCH. ESO 7777 GLADE RD., SUITE 300 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Date incorporated or Qualified 11/21/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0156484 Not Applicable Suite, Apt. #, atc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Zιρ Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEUTCH, JEFFREY A. E. 7777 GLADES RD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 300** 83 **BOCA RATON FL 33434** 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 Styrature, typed or printed name of registered asynd and title II applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition PDS 1.1 TITLE TITLE POMERANTZ, SAUL NAME 12 NAME STREET ADORESS 8600 DECARIE BLVD, SUITE 200 1.3 STREET ADDRESS TOWN OF MOUNT ROYAL QC CITY-ST-7IP 14 CITY-ST-7IP DELETE Channe Addition TITLE 2.1 TITLE GATTINGER, FRANKLIN J. 2.2 NAME NAME STREET ADDRESS 8600 DECARIE, SUITE 200 2.3 STREET ADDRESS TOWN OF MOUNT ROYAL OC CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE VSD 3.1 TITLE NAME POMERANTZ, TERRY 3.2 NAME 8600 DECARIE BLVD. STE. 200 STREET ADDRESS 3.3 STREET ADDRESS **TOWN OF MOUNT ROYAL OC H4P2N-2** CITY - ST- ZIP 3 4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 ennual 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. I further certify that the information indicated on this ennual 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. I further certify that the information indicated on this ennual report or supplemental annual report or supplemental 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. I further certify that the Information indicated on this ennual report or supplemental annual report

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 City - ST - ZiP

61 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addition

CRZE034 (10/97