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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 21 1998 8:00am

Secretary of State

5/5/98

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L63136 (0)IMBURGIA DEVELOPMENT, INC. Principal Place of Business Mailing Address 9545 NE 2ND AVE 9545 NE 2ND AVE MIAMI SHORES FL 33138 MIAMI SHOES FL 33138 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1990 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0228036 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 24 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** IMBURGIA, LOUIS S JR. 9545 NE 2ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138 83 City Zip Code 84 85 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 photodinable of registered a jier and title if applicable, (NOTE: Registored Agent signature required when reinstating) R2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 11 TITLE TITLE IMBURGIA, LOUIS S JR. 1.2 NAME 9545 NE 2ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 THEF NAME 9.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-S1-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 41 TULE NAME **4.2 NAME** 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 T(T) F TITLE 6.2 NAME 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the comparation 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 any star quient with an address.

6.3 STREET ADDRESS 64 CHY-ST-ZIP