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

CORAL SPRINGS FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

FILED PROFIT Mar 25 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)RICHARD T. ALAMIA INC. Principal Place of Business Mailing Address % RICHARD T. ALAMIA % RICHARD T. ALAMIA 8635 NW 21ST CT. 8635 NW 21ST CT. DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 3. Date Incorporated or Qualified 06/29/1990 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For 65-0208620 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALAMIA, RICHARD T. 8835 NW 21ST CT Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL SPRINGS FL** 83 84 City 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, typod or printed name of registered agent and litle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE ALAMIA, RICHARD T. 1.2 NAME NAME 8635 NW 21ST CT STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ALAMIA, NORMA E. NAME 2.2 NAME 8635 NW 21ST CT 2.3 STREET ADDRESS STREET ADDRESS

TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS 3.4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST-ZIP

44 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4 2 NAME

51 TITLE

5.2 NAME

Change

Change

Change

Change

Addition

Addition

Addition

Addition

DELETE

DELETE

DELETE

DELETÉ

Block 12 or Block 13 if changed, or on an attachment with an address.