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

FILED Apr 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L90364 (5) MARK FREUND, P.A. Principal Place of Business Mailing Address 227 NORTH BRONOUGH STREET. #1101 227 NORTH BRONOUGH STREET. #1101 P.O. BOX 10171 P.O. BOX 10171 DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32302-2171 TALLAHASSEE FL 32302-2171 3. Date Incorporated or Qualified 08/01/1990 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3022625 Not Applicable 21 Suite, Apt. #, etc. 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 Ζip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FREUND, MARK CITY CENTRE BLDG., SUITE 1101 R2 Street Address (P.O. Box Number is Not Acceptable) 227 NORTH BRONOUGH ST. TALLAHASSEE FL 32301 83 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DPS Addition □ DELETE ☐ Change TITLE 1.1 TITLE FREUND, MARK 1.2 NAME NAME **805 MIDDLEBROOKS CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-7(P 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 1ITLE TITLE FREUND, MARK 2.2 NAMI NAME **805 MIDDLEBROOKS CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAMI NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 64 CHY-ST-7P 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 durph ation 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 offunded, or on the attachment with an address.