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

STREET ADDRESS

CITY-ST-ZIP

**FILED PROFIT** Mar 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M23808 (2)REKCUS, INC. Principal Place of Business Mailing Address 2800 NW 109 AVE 2000 NW 100 AVE MIAMI FL 83172-MIAMI FL 80172-DO NOT WRITE IN THIS SPACE 118 HS 3. Date Incorporated or Qualified 11/25/1985 2. Principal Place of Business 4. FEI Number Applied For <u>2860 NN</u> 59-2652329 Not Applicable Sulte, Apt. #, etc \$8.75 Additional  $\square$ 5. Certificate of Status Desired Fee Required 27 City & State City & Sta 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Countr This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 81 Name STEPHEN J AVRACH 2000 NW 109 AVE 82 Street Ac MIAMI-FL 33172-83 84 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 opening was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objections of, Section 107.0505, Florida Statutes. SIGNATURE TE: Registered Agent signature required when reinstating: 12. OFFICERS AND DIRECTORS 13. ICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE ✓ Change Addition AVRACH, CTEPHEN J NAME 1.2 NAME 2000 NW 109 AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMILEL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change 6.1 TITLE Addition NAME 6.2 NAME

> 6.3 STREET ADDRESS 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)(1), 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 empreed 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.