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

CORPORATION

MURRAY D. SHEAR, P.A.

Jan 15 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M29713 (8)

FILED

Principal Place of Business Mailing Address 201 S BISCAYNE BLVD 201 S BISCAYNE BLVD STE 3000 STE 3000 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 US US 3. Date Incorporated or Qualified 03/31/1986 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 26 59-2710605 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No 29 30 24 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHEAR, MURRAY DBLVD 201 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 3000 83 MIAMI FL 33131 84 City 85 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ___ Addition ΠP 1.1 TITLE TITLE SHEAR, MURRAY D. 1.2 NAME NAME 201 S BISCAYNE BLVD STE 3000 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change □ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3,3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4,4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZiP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 rustee 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 an attachning with an address. Murray D. Shear

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

__ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

Addition

(10/97)

CR2E034