FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED FLORIDA DEPARTMENT DE STATE Jan 28 1998 8:00am PROFIT Sandra B. Morth CORPORATION Secretary of Sta ANNUAL REPORT Secretary of State DIVISION OF CORPOR TIONS 1998 (0)DOCUMENT # M47023 GENE H. BIEBER-ARCHITECT, INC. Mailing Address Principal Place of Business C/O GENE BIEBER C/O GENE BIEBER 805 N.W. 8 AVENUE 805 N.W. 8 AVENUE DO NOT WRITE IN THIS SPACE DANIA FL 33004 DANIA FL 33004 3. Date Incorporated or Qualified 02/23/1987 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-2777813 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 įγ 8. This corporation owes of has paid the current year Intangible Zip Żip Country Personal Property Tax due June 30. ☐ Yes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BIEBER, GENE Street Address (P.O. Box Number is Not Acceptable) 805 N.W. 8 AVENUE DANIA FL 33004 83 85 Zip Code B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the Sve flamed 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 authorizing 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 Stees. SIGNATURE (NOTE: Register gent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 OFFICERS AND DIRECTORS 12. ☐ Change Addition DELETE 111 TITLE 12E BIEBER, GENE NAME 13 ET ADDRESS 805 NW 8 AVE. STREET ADDRESS 1,4 (<u>\$1</u> - ZIP DANIA FL CITY-ST-ZIP Addition Change DELETE 2.1 T TITLE 221 NAME 2.3 ST ADDRESS STREET ADDRESS 2.4 <u>- ST - ZIP</u> CITY-ST-ZIP Addition Change DELETE 3.1 7 TITLE 3.21 NAME 3.3 ST ADDRESS STREET ADDRESS 34. ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 7 TITLE 4, 2 NAME 4.3 IT ADDRESS STREET ADDRESS 4.4 ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.21 NAME 53,FADDRESS STREET ADDRESS 5.4 ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE 6.2

NAME

STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the edition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate eat 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if a langed, or on an attachment with an address.

6.3 T ADDRESS

19/98

954-920-5271