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

Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (3)M49073 KIENE, HAND & COMPANY, P.A. Principal Place of Business Mailing Address 240 CRANDON BLVD., SUITE 202 240 CRANDON BLVD., SUITE 202 KEY BISCAYNE FL 33149-8556 KEY BISCAYNE FL 33149-8556 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2192453 21 26 Not Applicable 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 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☑ Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 BURNBAUM, MICHAEL W ESQ. 240 CRANDOU BLVD. 82 SUITE 201 83 **KEY BISCAYNE FL 33131** 84 City STUART 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 family with, and decept the obligations of, Section 607.0505, Florida Statutes. OBENT more 1. LOWMAN SIGNATURE ered agent and this if applicat OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE KIENE, JOSEPH H NAME 1.2 NAME **CR2E034** 151 CRANDON BLVD, #343 STREET ADDRESS 1.3 STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DVP DELETE ___ Addition Change TITLE 2.1 TITLE HAND, JEFFREY 2.2 NAME NAME 9921 SW 129 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 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 1 DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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

SELVATIH JOSEPH KUENE

SIGNATURE:

JAN-6 1998

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FILED