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

FILED PROFIT May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)PHOENIX REALTY ADVISORS, INC. Principal Place of Business Mailing Address 7200 NW 2ND AVE. #27 7200 NW 2ND AVE. #27 **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1988 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0038304 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPERANTSAS, DEAN 7200 NW 2ND AVE. #27 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 83 City 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 life if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change Addition 1.1 TITLE TITLE NAME SPERANTSAS, C. DEAN 1.2 NAME STREET ADDRESS 7200 NW 2ND AVE. #27 1.3 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** 1.4 CITY-ST-ZIP DELETE Change Addition 2.5 THILE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 31 TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 41 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 61 TITLE NAME 6.2 NAME

6 3 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby 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 supplimental 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

STREET ADDRESS CITY-ST-ZIP