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

STREET ADDRESS

CITY-ST-ZIP

FILED PROFIT Apr 20 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name M82161 (4)BSSC, INC. Principal Place of Business Mailing Address 433 PLAZA REAL 433 PLAZA REAL **BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432** 3. Date Incorporated or Qualified 05/19/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0052526 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Yes 29 30 Mo KΩ Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITE & CASE 200 S BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 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 (NOTL Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE Change Addition CROCKER, THOMAS J 1.2 NAME STREET ADORESS 433 PLAZA REAL STE 335 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP VTS DELETE TITLE 2.1 TITLE ☐ Change __ Addition ONISKO, ROBERT E NAME 2.2 NAME STREET ADDRESS 433 PLAZA REAL STE 335 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY-SF-ZIP TITLE DELETE Change 3.1 TITLE Addition NAME TOMIKO, JOHN L 3.2 NAME 433 PLAZA REAL STE 335 STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

64 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 supply montal annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the Corporation on the receiver or truete 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 on an attachment with the same legal effect as if made under eather than the same legal effect as