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

May 04 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (7) M92069 MAINESTREAM DEVELOPMENT, INC. Principal Place of Business Mailing Address 2000 N. ATLANTIC AVE. 2000 N. ATLANTIC AVE. FT. LAUDERDALE FL 33305-0727 FT. LAUDERDALE FL 33305-0727 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/27/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0074714 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KRUSE, STEPHAN L. Name 2000 N. ATLANTIC BLVD. Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33305-0727 83 84 City Zip Code 85 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, typed or printed name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE KRUSE, STEPHAN L. NAME 1.2 NAME 2000 N. ATLANTIC BLVD. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 21 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ ☐ Addition TITL F 5 1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tristoe empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in

4-21-98

954-568-9431

CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with the indicated on this annual report or supplimental april officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attaching the corporation.

FILED