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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12916 (5)

1. Corporation Name

DEERFIELD R/D CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 N. FEDERAL HWY 111 BOCA RATON FL 33432 US	1200 N. FEDERAL HWY 111 BOCA RATON FL 33432 US

3. Date Incorporated or Qualified: 01/09/1986

4. FEI Number: 65-0001200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 6600 N. Andrews Ave.	26 6600 N Andrews Ave.
Suite, Apt. #, etc. 22 Suite 120	Suite, Apt. #, etc. 27 Suite 120
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale FL
Zip / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA

9. Name and Address of Current Registered Agent

KILLINS, THOMAS H.
RJS/JACKSON GROUP
1200 N. FEDERAL HWY, SUITE 111
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: Jaqueline A. French
82 Street Address (P.O. Box Number is Not Acceptable): COMPASS Management and Leasing
83: 6600 N. Andrews Ave., Suite 120
84 City: Fort Lauderdale FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 4/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRENCH, JACQUELINE 6600 N. ANDREWS AVE., SUITE 215 FT. LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATTA, THOMAS 1061 SW 30TH AVE. DEERFIELD BEACH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILLINS, THOMAS H. 1200 N. FEDERAL HWY, SUITE 111 BOCA RATON FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUER, ROBERT J. 1150 LAKE HEARN DRIVE, E., SUITE 400 ATLANTA GA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/24/98