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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 14950 (2)

45TH STREET BUSINESS/INDUSTRIAL PARK MASTER ASSOCIATION, INC.

Principal Place of Business 6400 N. Andrews Ave. Ft. Lauderdale, FL 33309	Mailing Address 6400 N. Andrews Ave. Ft. Lauderdale, FL 33309
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3. Date Incorporated or Qualified
05/16/1986

4. FEI Number 65-0000963	Applied For Not Applicable
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2. Principal Place of Business 21 3111 Fortune Way Suite, Apt. #, etc. 22 B-16 City & State 23 Wellington, FL Zip 24 33414	2a. Mailing Address 26 3111 Fortune Way Suite, Apt. #, etc. 27 B-16 City & State 28 Wellington, FL Zip 29 33414 Country 25 U.S.A. 30 U.S.A.
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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	

9. Name and Address of Current Registered Agent
DUKE, BRYAN
STILES CORPORATION
6400 N. Andrews Ave.
Ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent
81 Name Charles W. Edgar, III
82 Street Address (P.O. Box Number is Not Acceptable) Levine, Frank, Edgar & Telepman, P.A.
83 3300 PGA Boulevard, Suite 500
84 City Palm Beach Gardens
85 Zip Code FL 33410

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 7/30/98

12. OFFICERS AND DIRECTORS	
TITLE	PD ☒ DELETE
NAME	EAGON, DOUGLAS
STREET ADDRESS	6400 N. Andrews Ave.
CITY-ST-ZIP	Ft. Lauderdale FL
TITLE	VPD ☒ DELETE
NAME	CUSACK, BUD
STREET ADDRESS	6400 N. Andrews Ave. 4th Floor
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	STD ☒ DELETE
NAME	STILES, TERRY
STREET ADDRESS	6400 N. Andrews Ave.
CITY-ST-ZIP	Ft. Lauderdale, FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☒ Change ☐ Addition
1.2 NAME	Steven Shapiro
1.3 STREET ADDRESS	3111 Fortune Way, B-16
1.4 CITY-ST-ZIP	Wellington, FL 33414
2.1 TITLE	VPD ☒ Change ☐ Addition
2.2 NAME	Ronnie Pertnoy
2.3 STREET ADDRESS	3111 Fortune Way, B-16
2.4 CITY-ST-ZIP	Wellington, FL 33414
3.1 TITLE	STD ☒ Change ☐ Addition
3.2 NAME	Mark M. Grieco
3.3 STREET ADDRESS	3109 45th Street, Suite 100
3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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.

CR2E037 (1097)