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FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # (3)N49218 SOUTH FLORIDA COUNCIL ON STATE TAXATION, INC. Principal Place of Business Mailing Address PO BOX 22776 PO BOX 22776 3. Date Incorporated or Qualified C/O TAX DEPT C/O TAX DEPT 06/01/1992 FT LAUDERDALE FL 33335 FT LAUDERDALE FL 33335 4. FEI Number US Applied For Not Applicable 65-0338237 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 200 5 P. O. Box Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? ☐ No 23 Yes Yes Country 8. This corporation owes or has pald the current year Intangible ☐ Yes 24 Personal Property Tax due June 30. ddress of Current Registered Agent 10. Name and Address of New Registered Agent **GUTTER & JOSEPHER P.A.** Street Address (P.O. Box Number is Not Acceptable) 1 E BROWARD BLVD 83 **SUITE 1001** FT LAUDERDALE FL 33301 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ▼ Change TITLE 1.1 TITLE SIEGEL, DAVID R NAME 1.2 NAME Clo Tax Dept. -1044 Floor STREET ADDRESS 110 SE 6TH ST % TAX DEPT 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE NAME WHITE, DAN 2.2 NAME 200 S. BISCAYNE BLVD. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME DURIG, MARTY 3.2 NAME

CITY-ST-ZIP 6.4 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 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 or an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

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3.4. CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS 11312 LONGSHORE WAY W.

MAPLES FL

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