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

PROFIT ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** FILED Secretary of State DIVISION OF CORPORATIONS **19**98 98 APR 22 PM 4: 04 DOCUMENT #
1. Corporation Name P23138 (1)SECRETARY OF STATE TALLAHASSEE, FLORIDA FLORIDA RS, INC. Principal Place of Business Mailing Address 9499-90NGREGS-AVE-0400 CONGRESS AVE SUITE 2000 SUITE 2000 DO NOT WRITE IN THIS SPACE -800A-RATON FL-33487 BOCA RATON FL 63487 3. Date Incorporated or Qualified 02/24/1989 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 717 N. Harwa TIT N. Harwood 65-0098717 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 1200 1200 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Dullas. マメ 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 USA 75201 AZン 30 Personal Property Tax due June 30. X Yes □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name∧ 81 FICH. DEBORAH L orporation Service 6400 GONGRESS AVENUE, SUITE 2000 Street Ad 82 BOCA-RATON FL 33487 63 **B4** City 3230) Tallahassee 11. Pursuant to the provisions of Sections 60, 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, it the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME FISH. DEBORAH L. 1.2 NAME 6400 CONGRESS AVE. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE VD. 2.1 TITLE 9000024955free-Dayson NAME WHEELER, CHRIS 2.2 NAMI -04/24/98---01007---009 **6400 CONGRESS AVENUE** STREET ADDRESS 2.3 STREET ADDRESS ****150.00 ****150.00 **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELFTE TITLE Change Addition 3.1 TITLE NAME HEFLEY, MIKE 3.2 NAME STREET ADDRESS 6400 CONGRESS 3 3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 3 4. CHTY - ST - ZIP DELFTE TITLE 4.1 TITLE ___ Addition TERWILLIGER, J. RONALD NAME 4, 2 NAME 2859 PACES FERRY RD STREET ADDRESS 4.3 STREET ADDRESS **ATLANTA GA** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE VSTD 5.1 TITLE Change Addition NAME PACE, RANDY J **5.2 NAME** 717 N. HARWOOD STREET ADDRESS 5.3 STREET ADDRESS **DALLAS TX** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Chan NAME **BRYANT**. BRAD 6.2 NAME STREET ADDRESS **6400 CONGRESS AVE** 6.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.