FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name P92000004496 (5) EAST OCEAN REALTY, INC. Principal Place of Business Mailing Address 121 EAST OCEAN AVENUE 121 EAST OCEAN AVENUE LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0379498 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BALSARA, DIANE 121 EAST OCEAN AVENUE Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 Zip Code 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 Elerida. 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 objections of, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applican (NOTE: Registered Agent signature required when roinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE BALSARA, DIANE MALK 12 NAME 1026 N. ATLANTIC DR. STREET ADDRESS 1.3 STREET AODRESS LANTANA FL 33462 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 54 CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed of the natischment with an attachment with a producers.

Change

Addition