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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010101 (3)

RICHARD M. HOPEN, P.A. Principal Place of Business Mailing Address 1776 N. PINE ISLAND ROAD 1776 N. PINE ISLAND ROAD SUITE 208 SUITE 208 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33322 FT. LAUDERDALE FL 33322 3. Date Incorporated or Qualified US 12/08/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0378276 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country ZiD 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 HOPEN, RICHARD 300 NW 82 AVE Street Address (P.O. Box Number is Not Acceptable) SUITE:502 N Pine 83 FT. LAUDERDALE FL 33324 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 607.0505, Florida Statutes. SIGNATURE Signature, type diociprinted many of reliptered rigent and little stapped able, (NOTE Registored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 2 enange Addition DELETE TITLE 1.1 TITLE HOPEN, RICHARD M NAME 12 NAME N Pine Island Rd #208 300 NW 82ND AVE. SUITE 502 STREET ADDRESS 1.3 STREET ADDRESS ET. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 1fTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 111LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY ST-ZIP DELETE TITLE 4.1 TOLE ✓ ☐ Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7IP 4.4 C(TY - ST - Z)P DELETE 51 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREE1 ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 000002543420 -06/02/98--01017--034 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150,00 6.4 CITY - ST - ZIP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information tall infamily report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an chivishor to stee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in a chiral and ddress. 14. I hereby certify that the information supplied indicated on this annual report or supplied enficer or director of the corporation or the red Block 12 or Block 13 if changed, or or an alla