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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORFORATIONS

FILED Feb 26 1998 8:00am Secretary of State



1998		DIVISION OF CORFORATIONS	
DOCUMENT # P9200013508 (6) TRI COUNTY CERTIFIED APPRAISER'S INC.			
THI OCCITITION	I ILD ALL MAISEN O III		
Principal Place of Business	Maib	ng Address	

PO BOX 292937 PO BOX 292937 **DAVIE FL 33329-2937 DAVIE FL 33329-2937** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1992 2. Principal Place of Business 2s. Mailing Address Applied For 21 26 65-0375748 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Žφ 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent SPENCER, MATT 4841 UNIVERSITY DR 82 Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33329-2937 R4 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 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 Signalize, typed or ponted naive of regritore Lagent and the diapple able (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Addition Channe TITLE 1 1 TITLE SPENCER, MATT 12 NAME NAME 2890 GRIFFIN RD., #3 13 STREET ADDRESS STREET ADDRESS **DANIA FL 33312** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELLTE Change Addition THLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY+ST-ZIP 2.4 CITY-\$1-ZIP Change Addition DELFTE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.5 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME

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 of the receiver or trusted 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 one altachment with an address.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

Watto Spine

2/19/58 (954)989-8823

F2E034 (10/97)