FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P93000007373 (2) DOCUMENT # DR. DIANNE M. FERNANDEZ & ASSOCIATES, P.A. Principal Place of Business Mailing Address 4800 4TH ST N 4800 4TH ST N ST PETERSBURG FL 33703 ST PETERSBURG FL 33703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3161995 Not Applicable 21 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FERNANDEZ, XAVIER J XAVIER fernange z 7777 131\$T ST STE 15 ddress (P.O. Box Number is Not Acceptable) 82 **SEMINOLE FL 33776** 83 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 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 objection 607.0505 provide Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE FERNANDEZ, DIANNE M NAME 1.2 NAME 4800 4TH ST N STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33703 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TETLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP

6.4 City-St-ZiP 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 or an attachment with an address

4.1 TITLE

4 2 NAME 43 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6 1 TITLE

6.2 NAME

4.4 City-St-ZiP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

DELETE

DELETE

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Addition

Addition

Addition

Change