

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000019765 (5)

1. Corporation Name

COURTYARD OFFICE CENTER, INC.

Principal Place of Business

10240 NW 47 ST  
SUNRISE FL 33351

Mailing Address

10240 NW 47 ST  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1993

4. FEI Number

65-0411349

Applied For

Not Applicable

6. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WACHS, JEFFREY S  
1177 SE 3 AVE  
FT LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 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 typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME VITOLO, RENEE(VESCE)  
STREET ADDRESS 10240 NW 47TH ST  
CITY-ST-ZIP SUNRISE FL 33351

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

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6.1 TITLE

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7.1 TITLE

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7.4 CITY-ST-ZIP

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8.1 TITLE

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TITLE ☐ DELETE

9.1 TITLE

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10.1 TITLE

10.2 NAME

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TITLE ☐ DELETE

28.1 TITLE

28.2 NAME

28.3 STREET ADDRESS

28.4 CITY-ST-ZIP

TITLE ☐ DELETE

29.1 TITLE

29.2 NAME

29.3 STREET ADDRESS

29.4 CITY-ST-ZIP

SIGNATURE: Renee Vitolo Renee Vitolo

4/2/98

954-572-4454

CR2E034 (10/97)