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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000024437 (4)

NEXT DOOR COMPANY

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6555 NORTH POWERLINE RD 6555 NORTH POWERLINE RD SUITE 301 SUITE 301 FT. LAUDERDALE FL 33309-2050 FT. LAUDERDALE FL 33309-2050 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/30/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0418808 26 Not Applicable Suite, Apt. #, etc. / Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Žφ Country 8. This corporation owes or has paid the current year Intangible 24 25 20 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name SCHECTER, JAMES 1350 N.W. 74TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33147** 83 84 City Zip Code 85 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. ed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ■ Addition SCHECTER, JOHN NAME 1.2 NAME 6555 NORTH POWERLINE RD #301 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition SCHECTER, JAMES NAME 2.2 NAME 1350 N.W. 74TH ST. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition NAME 32 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 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). Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental arrival 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 on an attachment with an address.

SIGNATURE: