FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000048440 (0) HERSHOFF & DEFOOR, P.A. Principal Place of Business Mailing Address 90130 OLD HIGHWAY **80130 OLD HIGHWAY** TAVERNIER FL 33070 TAVERNIER FL 33070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified **07/06/1993** FEI Number 2. Principal Place of Business 2a. Mailing Address 21 26 65:0426743 Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired 22 27 City & State City & State 8. Election Campaign Financing 23 28 Trust Fund Contribution Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERSHOFF, JAY A 90130 OLD HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **TAVERNIER FL 33070** 83 84 City 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. SIGNATURE Signature, typed or printed name of tegistered agent and tills if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change HERSHOFF, JAY A. NAME 1.2 NAME 90130 OLD HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS TAYERNIER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE DEFOOR, J. A NAME 2.2 NAME 90130 OLD HIGHWAY STREET ADDRESS 2.3 STREET ADDRESS TAVERNIER FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe 3 t TITLE MAG 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE

14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental annual re-officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachment with emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information If that my signature shall have the same legal effect as if made under oath; that I am an Unsupport as required by Chapter 607, Florida Statutes; and that my name appears in

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

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SIGNATURE: BIONATURE AND TYPED OR PRINTED

Change

Change

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Addition

Addition

Addition

Addition

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Addition

Not Applicable