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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049351 (8)

1. Corporation Name
6671 WEST INDIANTOWN ROAD, INC.

Principal Place of Business	Mailing Address
6671 W. INDIANTOWN RD. SUITE 62 JUPITER FL 33458 US	6671 W. INDIANTOWN RD. SUITE 62 JUPITER FL 33458 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 6671 W. INDIANTOWN RD. 22 Suite, Apt. #, etc.: SUITE 62 23 City & State: JUPITER, FL 24 Zip: 33458 25 County: PALM BEACH	2a. Mailing Address 26: 613 N. ORANGE AVE. 27 Suite, Apt. #, etc.: SUITE D-5 28 City & State: JUPITER FL 29 Zip: 33458 30 Country: USA
3. Date Incorporated or Qualified: 07/12/1993	
4. FEI Number: 65-0420504	☐ Applied For ☐ Not Applicable
5. 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	

9. Name and Address of Current Registered Agent

CIOFFI, MICHAEL J
16220 MELLEN LN
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name: MICHAEL J. CIOFFI
82 Street Address (P.O. Box Number is Not Acceptable): 613 N. ORANGE AVE.
83: SUITE D-5
84 City: JUPITER FL 85 Zip Code: 33458

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] MICHAEL J. CIOFFI 2.5.98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE: VICE-PRESIDENT.	☑ Change ☐ Addition
NAME	VEGLIA, ROBERT C.		1.2 NAME: ROBERT C. VEGLIA	
STREET ADDRESS	6547 CHASEWOOD DR., APT. E		1.3 STREET ADDRESS: 613 N. ORANGE AVE. SUITE D-5	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP: JUPITER, FL 33458	
TITLE	P	☐ DELETE	2.1 TITLE: PRESIDENT	☑ Change ☐ Addition
NAME	CIOFFI, MICHAEL J.		2.2 NAME: MICHAEL J. CIOFFI	
STREET ADDRESS	3624 ALDER DR., SUITE H-2		2.3 STREET ADDRESS: 613 N. ORANGE AVE. SUITE D-5	
CITY-ST-ZIP	WEST PALM BCH. FL		2.4 CITY-ST-ZIP: JUPITER, FL 33458	
TITLE		☐ DELETE	3.1 TITLE:	☐ Change ☐ Addition
NAME			3.2 NAME:	
STREET ADDRESS			3.3 STREET ADDRESS:	
CITY-ST-ZIP			3.4 CITY-ST-ZIP:	
TITLE		☐ DELETE	4.1 TITLE:	☐ Change ☐ Addition
NAME			4.2 NAME:	
STREET ADDRESS			4.3 STREET ADDRESS:	
CITY-ST-ZIP			4.4 CITY-ST-ZIP:	
TITLE		☐ DELETE	5.1 TITLE:	☐ Change ☐ 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			6.4 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 on an attachment with an address.

SIGNATURE: [signature] MICHAEL J. CIOFFI PRES (561)745-0188

CR2E034 (10/97)