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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065312 (9)

D L MUHA, INC. Principal Place of Business Mailing Address 9854 NW 6TH COURT 9854 NW 6TH COURT PLANTATION FL 33324 PLANTATION FL 33324 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/13/1993 4 FEL Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0443429 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MUHA. DEBORAH 9854 NW 6TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutos, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regestered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETÉ Change Addition TITLE 1 1 TITLE MUHA, DEBORAH NAME 1.2 NAME 9854 NW 6TH COURT STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 1.4 CITY - ST - ZIP CITY-ST-7IP DELFTE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1IILE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DETETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-S1-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 conjugation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

CIONIATURE.

City-St-ZIP

Wandle Tonuk

Delocah L Muha

2/20/08

- (954) - 452-0903 CR2E034 (10/97)

FILED

Apr 21 1998 8:00am

Secretary of State