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PROFIT CORPORATION ANNUAL REPORT 1998



ELOBIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000002639 (0)

FILED Jan 15 1998 8:00am Secretary of State

B.O. WHITE & COMPANY, INC. Principal Place of Business Mailing Address 1001 NORTH AMERICAN WAY P. O. BOX 01-2840 SUITE 103 MIAMI FL 33101 DO NOT WRITE IN THIS SPACE MIAMI FL 33132 HS 3. Date Incorporated or Qualified 01/11/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 65-0461571 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 28 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WHITE, ROYAL O JR 2000 S BAYSHORE DR #7 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33133 83 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE WHITE, ROYAL O 1.2 NAME NAME 2000 S. BAYSHORE DRIVE, #7 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP 1.4 CITY - ST- ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME WHITE, JOANNE M 2.2 NAME STREET ADDRESS 2000 S. BAYSHORE DRIVE, #7 2.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TATLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ☐ DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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), 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:

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(305)358-1118