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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000003761 (1)

MILTON JONES MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address	
9 NW 4TH AVE Suite a Dania Fl 33004	9 NW 4TH AVE Suite a Dania fl 33004	
2. Principal Place of Business	2a. Mailing Address	

FILED May 05 1998 8:00am Secretary of State

CR2E034

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/07/1994 Applied For 65-0507752 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 溟 6. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 30 Personal Property Tax due June 30. 25 29 g, Name and Address of Current Registered Agent Name and Address of New Registered Agent Name JONES, MILTON L JR 9 NW 4TH AVE Street Address (P.O. Box Number is Not Acceptable) SUITE A 83 DANIA FL 33004 84 City 85 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE JONES, MILTON L. 12 NAME NAME 9 NW 4TH AVE., SUITE A 1.3 STREET ADDRESS STREET ADDRESS DANIA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME JONES, BARBARA H. 2 2 NAME STREET ADDRESS 9 NW 4TH AVE., SUITE A 2.3 STREET ADDRESS DANIA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ___ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

4/aa/gs (954)927-5285