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

FILED PROFIT Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000011301 (6) MUGS MANAGEMENT COMPANY Principal Place of Business Mailing Address 6316 LANTANA RD. 6316 LANTANA RD. DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33447 LAKE WORTH FL 33447 3. Date Incorporated or Qualified us 02/07/1994 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0463684 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 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 ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENKHAUS, DAVID J O. Box Number is Not Acceptable) 4800 N FEDERAL HWY 82 Street Add SUITE 210-A 83 **BOCA RATON FL 33431** 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. FICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TITLE DS HAGER, JAMES 1.2 NAME NAME 3618 DIANE DR. 1.3 STREET ADDRESS STREET ADDRESS BOYNT, BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE PUSATERI, DANA 2.2 NAME NAME STREET ADORESS 10323 EL'CABALLO CT 2 3 STREET ADDRESS **DELRAY BCH FL** CITY - ST - ZIP 2 4 City - St - 7iP DELETE Change TITLE 31 TITLE Addition COCUY, JUAN 3.2 NAME NAME 6965 PIONEER RD STREET ADDRESS 3.3 STREET ADDRESS WPBFL 3 4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 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 composition 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 it change), or on an attachment with an address.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Haar

DELETE

(561) 968-0990

Change

___ Addition