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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012767 (7)

FILED May 11 1998 8:00am Secretary of State

H. CHENOY AND COMPANY, INC. Principal Place of Business Mailing Address 2615 OAKBROOK CT 2615 OAKBROOK CT FT LAUDERDALE FL 33332 FT LAUDERDALE FL 33332 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0477942 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be City & State 8. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHENOY, HOWARD 2615 OAKBROOK CT Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33332 63 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE CHENOY, HOWARD 12 NAME NAME 2615 OAKBROOK CT 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33332 CITY - ST - ZIP 1.4 CiTY - ST - ZiP DELETE 2 1 TITLE Change Addition TITLE CHENOY, AMY J NAME 2.2 NAME 2615 OAKBROOK CT STREET ADDRESS 23 STREET ADDRESS FT LAUDERDALE FL 33332 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 T/TLF Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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:

4/30/98

(954) 384-1914