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

**FILED** Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000022615 (6) SHEPARD, FILBURN & GOODBLATT, P.A. Principal Place of Business Mailing Address 221 NE IVANHOE BLVD 221 NE IVANHOE BLVD DO NOT WRITE IN THIS SPACE ORLANDO FL 32804 ORLANDO FL 32804 3. Date Incorporated or Qualified 03/21/1994 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 59-3232927 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees 28 Zıp Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name SHEPARD, CLIFFORD B III 221 NE IVANHOE BLVD Street Address (P.O. Box Number is Not Acceptable) STE 205 83 ORLANDO FL 32804 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 Stynature, typed or printed name of registered agont and title it applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE SHEPARD, CLIFFORD B III 1.2 NAME CR2E034 NAME 2211 LAKE NALLY WOODS DRIVE STREET ADDRESS 1.3 STREET ADDRESS GOTHA FL 34734 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change 2.1 TITLE TITLE FILBURN, MARK C 2.2 NAME NAME 400 PALM VALLEY DRIVE WEST 2.3 STREET ADDRESS STREET ADDRESS **OVIEDO FL 32765** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TITLE Change \_\_\_ Addition GOODBLATT, AMY E 3.2 NAME NAME 2020 SUE HARBOR COVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32803 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Channe TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 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 add

6.1 TITLE 6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

NAME

DELETÉ

2-17-98 1407)206-2020

Change

Addition