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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000029006 (1)

FILED Mar 04 1998 8:00am Secretary of State

| EXA GI | ulf coast region, inc |). | | | | | 1 ABBIECO AND ETELE BERE BREE OFFE BREE | II AAIIA 1141 A | 10142 00 461 00 6 | |
|--|--|----------------------|---|---------------------|----------------|----------------|---|------------------------|----------------------------------|----------------------------|
| | | | | | | | | | | |
| Principal Plac | e of Business | Mading | Address | | | | | # 001/0 HOLD | (811) 88 1)) 88 1) | IB DI(I 1081 |
| 9200 \$ DADELAND BLVD 9200 \$ DADELAND BLVD | | | | | | | · | | | |
| SUITE 412 MIAMI FL 33156 | | | SUITE 412 Miami Fl 33156 | | | | DO NOT WRITE IN THIS SPACE | | | |
| MINIMITE 001 | • | TO THE TANK | 16 99/30 | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | 04/13/1994 | | | |
| ⊢ ¬ ' | ace of Business | <u> </u> | 2a. Mailing Address | | | | 4. FEI Number | | _ | plied For |
| Suite, Apt. | # oto | 26 | Suite, Apt. #, etc. | | | | 59-3245959 | | | t Applicable |
| 22 100 | | <u> </u> | 27 100 | | | | 5. Certificate of Status Desired | × | \$8.75 A | |
| City & State | | | City & State | | | | 6. Election Campaign Financing | - | \$5.00 | ` |
| 23 | | 28 | | | | | Trust Fund Contribution | | Added to | |
| Zip | Country | Zip | _ | Coun | try | | 6. This corporation owes or has paid | | | 1 |
| 24 | 25 29 9. Name and Address of Current Registered Agent | | | 30 | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | | |
| | | | | | 11 Nar | ne | TO. Name and Address of New Neg | istered A | Jent | |
| | rrów, kenneth f XO S Dadeland Blvd | | | | | | | | | |
| | ITE 412 | | | | | et Addres | ss (P.O. Box Number is Not Acceptabl | e) | | |
| | VMI FL 33156 | | | ī | 3 | | | | | |
| | J | | | | 4 City | | | | 85 Zip C | ~ode |
| | | | | | | | | FL | | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, toffice or registered agent, or both, in the State of Florida. Such change was authoragent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida. | | | | | | ed corpo | ration submits this statement for the purely board of directors. I hereby accept | irpose of c | hanging its | s registered registered |
| agent la | m familiar with, and accept the ob | ligations of, Sec | ction 6 07. 0 5 05 , Flo | rida Statu | les. | | | The opposit | | |
| SIGNATURE | Signature, typed or printed name of registered | oca 5 alst boa frace | nahla (NO16 | Penistered . | nent einus | ilure required | d when reinstaling) | DATE | | |
| 12. | 1 | AND DIRECTOR | | 13. | g og. | | ADDITIONS/CHANGES TO OFFICE | | DIRECTOR | S IN 12 |
| TITLE | P | | ☐ DELETE | 1.1 TITL | É | THR | ecor | Į. | Change | ★ Addition |
| NAME | CURRAN, JOHN C | | | 1.2 NAN | E | | | | | |
| STREET ADDRESS | 9200 S DADELAND BLVD., | #100 | | 1.3 STR | ET ADDRES | SS | | | | |
| CITY-ST-ZIP | MIAMI FL | | DELETE | | -ST-ZIP | | | | Obsesse | Addition |
| TITLE NAME | ST Priskie, Stanley | | ☐ DELETE | 2.1 TITL 2.2 NAM | | וזען | 25Ctor | L | Change | Addition |
| STREET ADDRESS | 9200 S DADELAND BLBD S | STF 100 | | | ET ADDRES | 20 | | | | |
| CITY-ST-ZIP | MIAMI FL | 31E 100 | | | .c. | ~ | | | | |
| TITLE | 740 1171 7 12 | | DELETE | 3.1 TITL | | | | I | Change | Addition |
| NAME | | | | 3.2 NAM | E | | | | | |
| STREET ADDRESS | | | | 3.3 STR | ET ADDRES | SS | | | | |
| CITY-ST-ZIP | | | | 3.4. CIT | -ST-ZIP | | | | | |
| TITLE | | | L. DELETE | 4.1 TITL | E | | | L | Change | Addition |
| NAME | | | | 4. 2 NAN | 4E | | | | | |
| STREET ADDRESS | | | | | ET ADDRES | SS | | | | |
| CITY-ST-ZIP | | | DELETE | | -ST-ZIP | | | ———Т | Change | Addition |
| TITLE | | | □ orrest | 5.1 TITL 5.2 NAM | | | | L | T Aligning | L AVUIROR |
| NAME STREET ADDRESS | | | | | e Et addres | e | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | |
| TITLE | | | DELETE | 6.1 TITL | | | | | Change | Addition |
| NAME | | | | 6.2 NAW | | | | | - | |
| STREET ADDRESS | | | _ | | et addres | ss | | | | |
| C(TY-ST-ZIP | | | | 6.4 CITY | -ST-ZIP | | | | | |
| AA Ibaaaba | | | | | | | | | | |

I hereby certify that the information supplied indicated on this annual report of supplier officer or director of the corporation or the Block 12 or Block 14 if changed, or or after the corporation of the corporation or the Block 12 or Block 14 if changed, or or after the corporation of the Block 14 if changed, or or after the corporation of the Block 14 if changed in t is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an eaver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

with an address