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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

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Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029257 (0)

BALLIN CORPORATION, INC.

I am an officer or director of the corporation of appears in Block 12 or Block 13 if changed.

SIGNATURE:

Principal Place of Business Mailing Address 6641 N.W. 23RD STREET 6641 N.W. 23RD STREET MARGATE FL 33063 MARGATE FL 33063-2124 3a. Date of Last Report 3. Date Incorporated or Qualified 04/18/1994 04/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0487121 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BALLIN, MARK 6641 NW 23RD ST. 62 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 63 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature types or printed hand of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change THUE Ballin, Mark NAME 1.2 NAME 6641 N.W. 23RD STREET 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY - ST - ZIF 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS CITY - \$1 - 7/8 2 4 CITY-ST-ZIP DELETE Addition Change THLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 3.4. CITY-\$1-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAM: STREEL ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP OTY - ST - ZIP ___ DELETE ☐ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 armusi report or supplemental armusi report is true and accurate and that my signature shall have the same legal effect as if made under oath; that

Inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an address.

-730-7626