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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032670 (9)

Principal Place of Business	Mailing Address
B774 SONOMA LAKE BLVD	8774 SONOMA LAKE BLVD
BOCA RATON FL 33434 US	BOCA RATON FL 33434 US

FILED Apr 13 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/28/1994 4. FEI Number Applied For Principal Place of Business 2s. Mailing Address 21 Not Applicable 26 65-0487243 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes ☐ No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) STE. 211 83 PALM BEACH GARDENS FL 33418 84 City Zip Code 85 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, typed or printed name of registerest agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE FOWLER, C S 1.2 NAME CR2E034 NAME 8774 SONOMA LAKE BLVD STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change ___ Addition THLE 2.1 TITLE FOWLER, C S 2.2 NAME NAME C/O 5887E FOX HOLLOW DRIVE STREET ADDRESS 2.3 STREE1 ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 T(TLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-ST-ZIP CITY-ST-ZIP

14. Thereby 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 etlachment with an address