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

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1100 N. VICTORIA PK. ROAD

FORT LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23 Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044114 (4)

THE HOUSE OF HOUSE INCORPORATED

Country

25

BOFSHEVER, HAROLD S

FT. LAUDERDALE FL 33304

Mailing Address 1100 N. VICTORIA PK. ROAD **APT. 312** DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33304 3. Date Incorporated or Qualified 06/13/1994 2a. Mailing Address 4. FEI Number Applied For 16 th TEER. 65-0497714 26 1905 ME Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State 6. Election Campaign Financing \$5.00 May Be Foot LAndredall Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Beowsed 33305 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 2455 E. SUNRISE BLVD., SUITE 917 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 64 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TITLE

OFFICERS AND DIRECTORS 12. TITLE DELETE Change Addition HOUSE, KEVIN E NAME 1.2 NAME 1905 NE 16 th TERR. Fort Louderdole FL, 33305 1100 N VICTORIA PK. RD 1.3 STREET ADDRESS STREET ADDRESS FT LARDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 attachment with an

SIGNATURE:

954 537 5602

FILED

Feb 12 1998 8:00am

Secretary of State