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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P94000048381 (5) HITS ON TIME, INC. Principal Place of Business Mailing Address 1450 NW 159TH ST 1450 NW 159TH ST MIAMI FL 33169 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 06/29/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0545380 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRATTON, DOUGLAS D ESQ 407 LINCOLN RD SUITE 2B 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 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 Signature, typed or profiled name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstaling) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1.1 THE TITLE STONE, HENRY 1.2 NAME NAME 7350 SW 40TH-ST 1450 N.WIS9 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33/69 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREE1 ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 11TLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. 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 address.

CITY-ST-ZIP

4/8/98

FILED

Apr 14 1998 8:00am

Secretary of State

305-678-9797