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PROFIT

Apr 23 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P94000056554 (6) HERSH, INC. Principal Place of Business Mailing Address 1275 BENNETT DRIVE SUITE 109 1275 BENINETT DRIVE SUITE 109 LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3260533 21 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STAMP, MARTIN F 201 S ORANGE AVE SUITE 900 82 ORLANDO FL 32801 83 of Sections 607.0502 and 607.1508 Llorida Statules, the above-named corporation submits this statement for the purpose of changing its or bottly in the State of Florida Study change was authorized by the corporation's board of directors. Thereby accept the appointment as and accept the obligations of Section 607.0505, Florida Statutes 84 11, Pursuant to the provisions agent I am famili 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DETETE Change Addition TITLE 1.1 TITLE NAME EVANS, JENNIFER 1.2 NAME 1275 BENNETT DRIVE SUITE 109 STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 32750 CITY ST ZIP 1.4 CITY - ST- ZIP President owner DETETE TITLE 21 TITLE Nissan Miora 1275 Bennett Dr., Ste 200 NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS 32750 DUTY - ST - ZiP 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Issac Hershkovich NAME 1275 Bennett DR, Ste 200 STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-7IP DELETE TITLE 4.1 THLE Change ☐ Add₁tion NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-SI-7P DEFETE Change Addition TITLE 51 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-SI-74P 5 4 CITY- ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied with this filling 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

FLORIDA DEPARTMENT OF STATE

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