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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000061454 (2) DOCUMENT

JOSH MANAGEMENT, INC.

Principal Place of Business Mailing Address 1900 NE 16TH TERRACE 1900 NE 16TH TERRACE FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0527473 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 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 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Zip Country 29 30 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BIZZARRO, DEBORAH L 2419 E. COMMERECIAL BLVD Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 302 83 FT. LAUDERDALE FL 33308 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, lypnid or point of manie of requstorest age of and the of applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE 1.1 TIBLE TIFLE ROBERT W. JOHNS 12 NAME NAME 1900 NE 16TH TERRACE 1.3 STREET ADDRESS STREET ADORESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change 2.1 TITLE CRAIG P. SHIPLE 2.2 NAME NAME 840 SE 13TH CT 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change DELFTE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS**

6.4 CITY - ST - ZIP 14. Thereby cortify 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 or an attachment with an address.

SIGNATURE:

SIGNATURE (V)

FILED

Feb 27 1998 8:00am

Secretary of State

CR2E084 (10/9)