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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063790 (7)

ANDERSON & ASSOCIATES ENTERPRISES, INC.

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business 17455 S.W. 157TH AVE. 17455 S.W. 157TH AVE. MIAMI FL 33187 MIAM! FL 33187 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/29/1994 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 65-0520269 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Zip Yes □ No Personal Property Tax due June 30. 29 30 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLAKE, TIMOTHY C 66 WEST FLAGLER ST. 82 Street Address (P.O. Box Number is Not Acceptable) CONCORD BLVD., SUITE 608 83 **MIAMI FL 33130** 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition DELETE 1.1 TITLE TITLE NAME ANDERSON, CALVIN M 12 NAME STREET ADDRESS 106 OAKMONT DR. 1.3 STREET ADDRESS KINGSPORT TN 37663 1.4 CITY - ST - ZIP CHY-ST-7IP DELETE Change Addition 2.1 TITLE TITLE ANDERSON, JEFFERY A 22 NAME 17455 S.W. 157TH AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33187 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE LOVELL, WARREN W III 3.2 NAME NAME STREET ADDRESS 17455 S.W. 157TH AVE. 3.3 STREET ADDRESS MIAMI FL 33187 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE LOVELL, JEFFREY 4. 2 NAME NAME 4 3 STREET ADDRESS 17455 S.W. 157TH AVE. STREET ADDRESS **MIAMI FL 33187** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TILLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 trusted 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 all accuracy with an address.

SIGNATURE:

WARREN W.LOVILL II - DIVECTOR