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

DOCUMENT # P9400065483 (7)

Principal Place of Business Mailing Address
200 8. PINE/ISLAND ROAD PO BOX 280879

FILED May 08 1998 8:00am Secretary of State



200 S. PINE/ISLAND ROAD SUITE 205 PLANTATION FL 33324 PEMBROKE PINES FL 33026 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Box 2608 65-0535167 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 风 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be rembrote 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MIRRER, LANCE P. 200 S. PINE ISLAND ROAD 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 206 **PLANTATION FL 33324** 83 City 84 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, it 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE MIRRER, LANCE P NAME 1.2 NAME BOX 260879 N/A REM6 TOKE PINES, FL 200 S. PINE ISLAND, SUITE 206 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ANDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITL F 3 1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ___ DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 empoyered 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 analysis.

CICNATURE.

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