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Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000066973 (6)

1. Corporation Name

JIM LAFRAMBOISE SERVICES OF FLORIDA, INC.

Principal Place of Business

748 GLOUCESTER ST.  
BOCA RATON FL 33487  
US

Mailing Address

748 GLOUCESTER ST.  
BOCA RATON FL 33487  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1994

4. FEI Number

65-0518387

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

WOLFE, HAROLD E JR.  
2300 PALM BEACH LAKES BLVD  
SUITE 302  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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. 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LAFRAMBOISE, JAMES J  
STREET ADDRESS 748 GLOUCESTER ST.  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE T  
NAME LAFRAMBOISE, NOREEN H  
STREET ADDRESS 748 GLOUCESTER ST.  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE VSD  
NAME HIGGINS, JACQUELINE A  
STREET ADDRESS 748 GLOUCESTER ST.  
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D  
NAME LAFRAMBOISE, TIMOTHY J.  
STREET ADDRESS 9313 HINSON DR.  
CITY-ST-ZIP MATTHEWS NC 28105

TITLE D  
NAME HARRIS, LISA M  
STREET ADDRESS 44-E WENKER AVE  
CITY-ST-ZIP BREMERTON WA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 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 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.

SIGNATURE:

*James J. Laframboise*

2/12/98 5619984772

CR2E034 (10/97)