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

Mailing Address

2a. Mailing Address

26

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

BOCA RATON FL 334874

2, Principal Place of Business

SIGNATURE:

SUITE 820



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

3a. Date of Last Report

521-484-1174

Applied For

Not Applicable

02/08/1996

3. Date Incorporated or Qualified

09/30/1994

65-0527357

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

621-NW 538D ST- 1400 CORPORATE BLUD

BOCA RATON FL 32487-6255 33497

ONE PARK PLACE SUITE 308 SUITE 400 W

DOCUMENT # P94000072077 (8)

WYNN KENT CONSULTANTS, INC.

621-NW 5300 ST SANGE MAILUM ANDRES

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KENT, IRWIN I 621 N.W. 53RD ST. SUITE 320 Street Address (P.O. Box Number is Not Acceptable) **B2 BOCA RATON FL 33487** 1900 CORPORATE BLUD SUITE 400W 83 BOCA CATON FL **ラライシ** 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 too it applicable INOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Addition Change DELETE TITLE 1.1 TITLE KENT, IRWIN I NAME 1.2 NAME **25E034** 1900 LORPORATE BLUE SUITE 4000 621 N.W. 63RD ST., SUITE 320 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL-93487** 2000 Fr 93431 CITY - ST- ZIP 1.4 CITY - ST - ZIP Change Addition DELETE 211006 TITLE KENT. KENNETH NAME 2.2 NAME AME AS PROVE 621-N.W. 63RD ST., SUITE 320 STREET ADDRESS 2.3 STREET ADDRESS BOGA-RATON FL-98487 CITY - S1-ZIP 2. 4 CITY - S1 - ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS C-1Y - ST- 7# 34. CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAMS 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-7IP CHY - \$1 - 762 ☐ Addition Change TITLE DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP 14. I do 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.

-HUCHRED