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

POCUMENT # P9400077983 (2) S.J.S. EXPORT CORPORATION Principal Place of Business Mailing Address 2300 GLADES ROAD 2300 GLADES ROAD WEST TOWER - SUITE 400 WEST TOWER - SUITE 400 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431 BOCA RATON FL 33431** 3. Date Incorporated or Qualified 10/21/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0531823 Not Applicable 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 23 28 Trust Fund Contribution Added to Fees Country Zip Country Ζip 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SHAFER, LEWIS R 2300 GLADES ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **WEST TOWER - SUITE 400** 83 **BOCA RATON FL 33431** City Zip Code 11. Pursuant to the provisions of Soctions 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. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change ☐ Addition SHAFER, LEWIS R. NAME 1.2 NAME 2300 GLADES ROAD, WEST TOWER #400 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 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 NAME 4. 2 NAME 'STREET ADDRESS 4.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 emgowered 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 an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETÉ

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

4/4/98

561-362-0808

Change

Change

Addition

Addition

FILED

Apr 09 1998 8:00am

Secretary of State