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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000078647 (2) **DOCUMENT #** LICUMANIANI AT INDICODADU I INC

| Principal Place of Business | Mailing Address |
|--|--|
| 1800 SOUTH AUSTRALIAN AVENUE SUTIE 400 W PALM BEACH FL 33409 | 1800 SOUTH AUSTRALIAN AVENUE SUTIE 400 W PALM BEACH FL 33409 |
| Principal Place of Business | 28. Mailing Address |
| 41 | 26 |
| Suite, Apt. #, etc. | Suite, Apt #, etc. |
| Suite, Apt #, etc. City & State | |

FILED Mar 13 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1994 4. FEI Number Applied For 22-3332195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Ζιρ Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name BRANNOCK, G S 1800 SOUTH AUSTRALIAN AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 W PALM BEACHG FL 33409 City Zip Code 85 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 Llorida. 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 posted name of regeneral agent and little if applicable (NO1f : Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. DELETE Addition TITLE 1.1 TITLE Change HOTALING, KARL R NAME 12 NAME 1800 S AUSTRALIAN AVE. #400 STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2 1 TITLE HOVNANIAN, ARA K NAME 2.2 NAME 61 WHIPPORWILL VALLEY RD. 2.3 STREET ADDRESS STREET ADDRESS ATLANTIC HIGHLANDS NJ CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Channe 3.1 TITLE TITLE MASON, TIMOTHY P 32 NAME NAME 22 DEVON DRIVE 3.3 STREET ADDRESS STREET ADDRESS PISCATAWAY NJ CAY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE **BUCHANAN, PAUL W** NAME 4.2 NAME **8 BLUEBERRY LANE** STREET ADDRESS 4.3 STREET ADDRESS LEONARDO NJ CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 51 TITLE TITLE REINHART, PETER S NAME 5.2 NAME 2 BAYHILL ROAD 5 3 STREET ADDRESS STREET ADORESS LEONARDO NJ 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE SCHIMPF, JOHN J 6.2 NAME 227 PELICAN RROAD 6.3 STREET ADDRESS STREET ADDRESS MIDDLETOWN NJ 6.4 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)(1), 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changes, or on an appearance of the corporation of the receiver of trusted in products.

SIGNATURE:

Karl Reid Hotaling 2/1/98 (561)478-0060