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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000009981 (8)

FILED May 08 1998 8:00am Secretary of State

212 DUVAL CORP Principal Place of Business Mailing Address 210 DUVAL ST. 210 DUVAL ST. KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/06/1995 2. Principal Place of Business 2a. Mailing Address 26 1 9 25 Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JEAN, ELI 81 Name LUDITH 12079 NW 1ST STREET 82 Street Address (P.O. Box Number is Not / **CORAL SPRINGS FL 32301** 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 Spite 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 oppositions of, Section 607.0505. Florida Statutes.

SIGNATURE

Signature, bright redired agent 84 City Zip Code 330 20 CR2E034 (10/9) RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE JAMAL, RALPH NAME 1.2 NAME 210 DUVAL ST. STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 2.1 TITLE GREENBERG, JUDITH NAME 2.2 NAME 210 DUVAL ST. STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 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 - 7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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)(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 trustife 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 on an attachment with an address.