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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014802 (9)

WELLIKOFF & BOSCHOWITZ, P.A.

Principal Place of Business Mailing Address 5975 W. SUNRISE BLVD. 5975 W. SUNRISE BLVD. #115 SUNRISE FL 33313 SUNRISE FL 33313 2. Principal Place of Business 2a. Mailing Address

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1995 4. FEI Number Applied For 65-0571257 21 26 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 Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOSCHOWITZ, DAVID 5975 W. SUNRISE BLVD. Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33313 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. 1 9 98 David Boschowitz SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE Addition BOSCHOWITZ, DAVID H 1.2 NAME NAME 5975 W. SUNRISE BLVD., #115 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WELLIKOFF, RONALD NAME 2.2 NAME 5975 W. SUNRISE BLVD., #115 STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TATLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZiP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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, o on an attachment with an address.

SIGNATURE:

EEO Bours Boschowitz

1/9/98

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