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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P95000017921 (4) DOCUMENT

KALEY IMAGING, INC.

Principal Place of Business

825 S. BAYSHORE DR. STE 1650

Mailing Address

777 S. FLAGLER DRIVE SUITE 1201E

FILED May 07 1998 8:00am Secretary of State



MIAMI FL 33131 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1995 2, Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 250 5, AUSTXALIAN AVE Suite, Apt. #, etc. 350 5. A Suite, Apt. #, etc. 65-0572421 AUSTRALIAN AVE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 9th FLOUR 9th FLOOR Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be WEST PAYM BOACH WEST PAIM BEACH. Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes A No 33 YO 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 83 84 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 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 title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE ☐ Change TITLE CO-CHAIR/DIMECTOR SHAW, PAUL ANDREW NAME 1.2 NAME LE KICHON 9th hoon 250 S. AUSTRALIAN AVE, WEST PARM BEACH, FR 777 S. FLAGLER DRIVE 1.3 STREET ADDRESS STREET ADDRESS West from Borsett, Fr WEST PALM BEACH FL 33401 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE 2.1 TITLE MENDELSON, LAURANS KEITH HAKTLEY 2.2 NAME 250 5 AUSTRALIAN AVE, 9th Frank 825 S. BAYSHORE DR. STE 1650 23 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 2 4 CITY - ST - ZIP MAIN BURGH, CITY-ST-ZIP DELETE 3.1 TiTLE TITLE PRES CED PAUL JOSEPH A JUSEPH A. PAUL 3.2 NAME NAME 825 S. BAYSHORE DR. STE 1650 3.3 STREET ADDRESS STREET ADDRESS AUSTRACIAN MIAM FL 33131 PAIN BOACH CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE SHAW, PAUL ANDREW NAME 4. 2 NAME 777 S. FLAGLER DRIVE STREET ADDRESS 4.3 STREET ADDRESS WEST PALM BEACH FL 33401 4.4 CITY-ST-ZIP CFTY-ST-ZIP DELETE VPRESICFO TITLE 5.1 TITLE WAYNE MOOK 250 S. AVERNALIAN AVENUE, 9th FLOOR 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS WEST PAIM BOACH, FL 33401 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE FRANCIS J. HARKINS, JR 6.2 NAME NAME 6.3 STREET ADDRESS

CITY-ST-ZIP

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, or on an attachment with an address

SIGNATURE:

Ms

WAYNE MOR 4/10/18 561-832-1766