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

SIGNATURE:

**PROFIT** Jun 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra D. Mortham ANNUAL REPORT Secretary of State Secretary or State 💛 💆 DIVISION OF CORPORATIONS 1998 DOCUMENT # P95 000024814 Partners, INC. Principal Place of Business
14100 BISCOYN BUD #7
NOTM MILLIN, FL 33181 14100 BISCOPE BEVOX+7 No-to MIAMY, FZ 33181 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 25 Personal Property Tax due June 30. No 🔽 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SKa/ks 82 83 Nom VIIa mi Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute in 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, F15 ida Statutes. MICHROL SIGNATURE SCAKKS CR2E034 (10/97) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS Normaliami, FZ 33181 CITY-ST-ZIP 1.4 CITY - ST - ZIP TIME 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS No-MMIami CITY-ST-ZIP 2.4 CITY-ST-7IP TITLE 3.1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 200002550342 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE -06708798--01010-**516**6. TITLE 5.1 TIME Addition \*\*\*150.00 NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY - ST - ZIP DELETE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not quality 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 ceth; 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 13 if changed, out an attachingst with an address.

FILED