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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055482 (0) 805 BUILDING, INC Principal Place of Business Mailing Address 1700 SOUTH OCEAN LANE 1700 SOUTH OCEAN LANE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1995 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 65-0603565 21 Not Applicable Suite, Apl. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MURDOCH, ROBERT E 790 EAST BROWARD BLVD, STE 400 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed rame of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1 S TITLE TITLE BANKS, WALTER L 1.2 NAME NAME 1700 SOUTH OCEAN LANE 13 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33316 CITY+ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2 2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ___ Addition 3.1 TITLE 3.2 NAME 33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELLTE Addition TITLE 4.1 TITLE NAME 4. 2 NAME 16.1 4.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZiP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE 61 TITLE ☐ Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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:

954-518-6511

FILED

Mar 09 1998 8:00am

Secretary of State