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

FILED May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 998 **DIVISION OF CORPORATIONS** P95000073604 (7) DOCUMENT # HELEN DANIELS #8, INC. Principal Place of Business Mailing Address 19707 TURNBERRY ISLE. #24J 19707 TURNBERRY ISLE. #24J NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/21/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applie 65-0621051 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stale 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KLEIN, MITCHELL D 1120 EAST HALLANDALE BEACH BOULEVARD Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 85 Zip Code City 11. Pursuant to the provisions of Soctions 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition SCHWARTZ, DANIEL NAME 1.2 NAME 19707 TURNBERRY ISLE, #24J 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2 1 TITLE T I Change Addition TITLE NAME SCHWARTZ, HELEN 22 NAME 19707 TURNBERRY ISLE, #24J STREET ADDRESS 2.3 STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETÉ ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this ennual 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 of the receiver of fusion 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 or an attachment with an address.

5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADORESS

CITY-SY-ZIP

TITLE NAME

Change

Addition