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FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000082596 (4)**

1. Corporation Name
NEXSTORE, INC.

Principal Place of Business	Mailing Address
C/O STEVE I. SILVERMAN. ESQ. 1970 MIAMI CENTER. 201 S. BISCAYNE BLVD. MIAMI FL 33131	C/O STEVE I. SILVERMAN. ESQ. 1970 MIAMI CENTER. 201 S. BISCAYNE BLVD. MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1995

2. Principal Place of Business	2a. Mailing Address
21 2255 GLADES RD	26 2255 GLADES RD
22 Suite, Apt. #, etc. SUITE 219A	27 Suite, Apt. #, etc. SUITE 219A
23 City & State BOCA RATON, FL	28 City & State BOCA RATON, FL
24 Zip 33431 25 Country USA	29 Zip 33431 30 Country USA

4. FEI Number ~~APPLIED FOR~~ 65-0696717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SILVERMAN, STEVE I C/O KLUGER, PERETZ, KAPHAN & BERLIN, P.A. 1970 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI FL 33131	81 Name: WILLIAM L. KNIGHT 82 Street Address (P.O. Box Number is Not Acceptable): 2255 GLADES ROAD 83 SUITE 219A 84 City: BOCA RATON FL 85 Zip Code: 33431

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 Wm L Knight WILLIAM L. KNIGHT 2/4/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DIRECTOR, CHAIRMAN, PRESIDENT, CEO	☒ Change ☐ Addition
NAME	KNIGHT, WILLIAM L		1.2 NAME		
STREET ADDRESS	2255 GLADES RD. STE. 219A		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERKLEY, RONALD S		2.2 NAME		
STREET ADDRESS	2255 GLADES RD., STE. 219A		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			4.2 NAME	MARK SCHREIBER	
STREET ADDRESS			4.3 STREET ADDRESS	2255 GLADES RD., STE 219A	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 Wm L Knight WILLIAM L. KNIGHT 2/4/98 STV 2/4/98