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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086947 (5)

DAVID A. CARLSON INC.

Principal Place of Business

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Mailing Address

Feb 16 1998 8:00am Secretary of State

FILED



515 BRACKENWOOD PLACE PALM BEACH GARDENS FL 33418-9056 515 BRACKENWOOD PLACE PALM BEACH GARDENS FL 33418-9056 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 48 EDIN BURGH DR & EDINBURGH DR NOT APPLICABLE Not Applicable Suite, Apt #, etc \$8.75 Additional \Box 5. Cortificate of Status Desired Fee Regulred PALM BEACH GARDEDS 22 City & State \$5.00 May Be 6. Election Campaign Financing 7L33418-28 PAIM BEACH 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 24 3 3418 -6853 25 U.S.A 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARLSON, DAVID 515 BRACKENWOOD PLACE 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418-9058 83 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. Signature, typad or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Ď DELETE Change Addition TITLE 1.1 TITLE NAME MURRAY, WILLIAM 1.2 NAME **621 ROSA COURT** STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 10115 BOYD, RAY 2.2 NAME 2 HARVARD COURT STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE DELETE ☐ Change Addition 3.1 TITLE NAME CUBINO, RAY 3.2 NAME 555 OLD POST ROAD STREET ADDRESS 3.3 STREET ADDRESS EDISON FL 08816 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE CARLSON, DAVID NAME 4. 2 NAME 515 BRACKENWOOD PL. STREET ADDRESS 4.3 STREET ADDRESS PALM BEACH GARDENS FL 33418-9056 CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELFTE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - 2IP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 onth; 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, or on an attachment with an address.

SIGNATURE: ONLY & CAT.

John 10CA

161-626 8120

CR2E034 (10/97