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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Aug 05 1998 8:00am

Secretary of State

DOCUMENT # P95000097813 (6)

CUMMINGS & REGAS REAL ESTATE CONSULTANTS, INC.

Mailing Address Principal Place of Business SUITE 109-A 3015 NORTH OCEAN BLVD 3015 NORTH OCEAN BLVD. DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33306 3. Date Incorporated or Qualified 12/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. 29 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REGAS, MICHAEL G SUITE 109-A Street Address (P.O. Box Number is Not Acceptable) 3015 NORTH OCEAN BLVD. 83 FT. LAUDERDALE FL 33308 84 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 ubligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or preced randoral registered agent and title it applicable. (NOTE: Registered Agent signal are required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 🔲 DELETE Change ___ Addition TITLE 1.1 TITLE **CUMMINGS, JOHN W JR** 1.2 NAME NAME 3015 NORTH OCEAN BLVD. SUITE 109-A STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 1.4 CHY-ST-7(P CITY-ST-ZIP DELFTE Change Addition TATLE 21 THLE REGAS, MICHAEL G NAME 2 2 NAME **8015 NORTH OCEAN BLVD. SUITE 109-A** 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP 2. 4 CITY - ST - ZIP 🔲 DELETE Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELFTE Addition . TITLE 5.1 THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CiTY-ST-ZIP DELETE ☐ Change ☐ Addition 61 TIFLE TITLE NAME 6.2 NAME STREET ADDRESS 63 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 offect as if made under oath; that I am an officer or director of the exposition or the receiver or trustee impowered 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.