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

**FILED** Apr 21 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000001052 (5) **DOCUMENT #** WILLIAM E. ASHCRAFT LAW OFFICE, P.A. Principal Place of Business Mailing Address 2736N 19TH ST P.O. BOX 4336 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33338-4336 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 2736 NE 19th St 26 65-0635506 Not Applicable Suite, Apt. #, etc Suite. Apt. #. etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 3*330*5 Yes 30 Personal Property Tax due June 30. X No 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ASHCRAFT, WILLIAM E 2736 NE 19TH ST 82 Street Address (P.O. Box Number is Not Acceptable) 83 FT. LAUDERDALE FL. 39966 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TITLE ASHCRAFT, WILLIAM E NAME 1.2 NAME 2736 NE 19 ST. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33305 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

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 Strive 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 of ustee 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 of an attachment with an address. shera

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

61 TITLE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

4-13-98

☐ Change

Addition