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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023173 (3)

BALLOWE REPORTING SERVICE, INC.

FILED Feb 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 110 S.E. 6TH STREET 110 S.E. 6TH STREET 110 TOWER. SUITE 1840 110 TOWER. SUITE 1840 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0649564 ONE FINANCIAL PLAZA 26 ONG FINANCIAL PLAZA Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 2202 50110 50173 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FT LANDERDALE Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33394 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOFFA, JOSEPH C TOSCEH MUHM LAW OFFICES OF JOSEPH C. MOFFA, P.A. Street Address (P.O. Box Number is Not Acceptable) 110 S.E. 6TH STREET, SUITE 1840 FINANCIAL FORT LAUDERDALE FL 33301 2202 LAVOORUTEG 11. Pursuant to the provisions of Sections 607 0502 and 677 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 obligation of pection 607 0505, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TETLE Change Addition MOFFA, JOSEPH C NAME 1.2 NAME CARA, SUME 2202 110 SE 6TH STREET, SUITE 1840 STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 217/115 NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE Change Addition 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 attargment with an address.

SIGNATURE:

954-761-1622