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

Apr 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000025556 (7) DOUGLAS R. THORNBURG, P.A. Principal Place of Business Mailing Address 100 N BISCAYNE BLVD 100 N BISCAYNE BLVD STE 2800 STE 2800 DO NOT WRITE IN THIS SPACE MIAMI FL 33132 3. Date Incorporated or Qualified 03/15/1996 2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 65-0662940 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Trust\_Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 30 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THORNBURG, DOUGLAS R 2463 PINE TREE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **PENTHOUSE** 83 MIAMI-BEACH FL 33140 Suite 2800 Zip Code 33132 Miami 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 obtigations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE name of registered agent and title if applicati Signature, typed or privile (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 1 1 TITLE Change TITLE THORNBURG, DOUGLAS R NAME 1.2 NAME 2463 PINE TREE DRIVE, PENTHOUSE STREET ADORESS 1.3 STREET ADDRESS 33140 MIAMI BEACH FL 1.4 CITY-ST-(IP) CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE MALIE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

President

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 of 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.

CITY - ST - ZIP

SIGNATURE:

**FILED** 

(305) 379- 6558

2/21/98