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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000028671 (1) DOCUMENT # 1. Corporation Name

FULLER & FULLER, INC.

FILED Apr 20 1998 8:00am Secretary of State



Fillicipal Flace of Obstitioss					Mailing Address							
315 S.E. 7TH STREET #300 FORT LAUDERDALE FL 33301					315 S.E. 7TH STREET #300 FORT LAUDERDALE FL 33301							
										DO NOT WRITE IN THIS SP	ACE	
										3. Date Incorporated or Qualified		
										04/02/1996		
2. Principal Place of Business 2a. Mailing Ad						ddress				4. FEI Number		pplied For
21				26						65-0682144		lot Applicable
	a, Apt. #, etc.		Suite, Apt. #, etc.								Additional	
22				27						5. Certificate of Status Desired		equired
City & State				City & State						Election Campaign Financing	\$5.00	May Be
23					28					Trust Fund Contribution	Added	to Fees
Zip		Country			Zip Countr			1		8. This corporation owes or has paid the current year Intangible		
24		25		29		30	L					No
	<u>2</u> :		of Current R	egistered	Agent			,		10. Name and Address of New Registered Ag	ent	
	SALKIN, SON	IYA L					81	N	ame			
1776 N PINE ISLAND RD							82	s	Street Address (P.O. Box Number is Not Acceptable)			
	STE 216 PLANTATION					83	-					
	TOMINION	1 6 00022						_				<u></u>
							84		ity	FL	85 Zip	Code
11. Pu	suant to the provis	sions of Sectio	ns 607.0502 a	nd 607.15	08, Florida	Statutes, t	he above	e-na	med corp	poration submits this statement for the purpose of c	hanging	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.												
SIGNA		,										
SIGNA	Signature, types	d or printed name o	l registere diagont ai	od title if appli	cable	(NOTE Rep	gistered Age	ent si	gnature require	red when reinstating) DATE		 -
12.		OFF	ICERS AND D	IRECTOR	S		13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12
TITLE	T				DELE.	TE	1.1 TITLE				Change	☐ Addition
NAME	FULLE F	R, CHARLES					1.2 NAME					i
STREET AL	ORESS 315 S.E	E. 7TH STRE	ET #300				1.3 STREET	ADD	RESS			
CHY-ST-	ZIP FORT L	AUDERDALE	E FL 33301				1.4 CITY-S	T - 70	P			
TITLE	D				DELE	TE	2 1 TITLE				Change	Addition
NAME	FULLER	R. VICKIE					22 NAME			_	- •	_
STREET AL	1 645 61	. 7TH STRE	FT #300				23 STREET	*DD	pree			
	FORT	AUDERDALE								. 4		
CITY-ST-	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 (QDE) (D) (E)	- 1 - 00001		☐ DELET	TE	2. 4 CITY - S 3.1 TITLE	51-21	IP .		Change	Addition
										L	_ Onunge	L Addition
NAME	, DOC 00						3.2 NAME		DECC.			ļ
STREET AL							3.3 STREET					
CITY-ST-	ZIP				Dries	TE	3.4. CITY - S	ST-ZI	P		Chana	- Addition
TITLE					☐ DELET	10	4.1 31TLE			L	Change	Addition
NAME							4. 2 NAME					J
STREET AL	DORESS						4.3 STREET	ADD	ress			
CITY-ST-	ZIP						4.4 CITY - \$	T-ZII	Р			
TITLE					☐ DELET	ĪĒ. į	5.1 TITLE			L	Change	☐ Addition
NAME						Į	5.2 NAME					ł
STREET AL	NORESS					•	5.3 STREET	ADD	RESS			
CHY-ST-	ZIP .					ı	5.4 CITY - S	T- 211	P			İ
TITLE					☐ DELET		6.1 TITLE				Change	Addition
NAME							6.2 NAME		1			
STREET AD	IDRESS						6.3 STREET	ADD	RESS			
CITY-ST-ZIP							6.4 CITY-ST-ZIP					
0111131-	<u> </u>						0.4 UII1-5	1-41				

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 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 attachment with an address.

VIAVIEV CILLED

il III as all un ub-