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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029475 (6)

WILLIAM H. DE COTIS, PA.

Principal Place of Business

Mailing Address

2213 E. ATLANTIC BLVD.

FILED May 08 1998 8:00am Secretary of State



2218 E. ATLANTIC BLVD. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1996 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For KIVERSTOR 900 R. ATLANTIC BLVD 1201 65-0654679 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired UNIT 17 SULTE Fee Required City & State City & State Election Campaign Financing \$5.00 May Be OMPANO BEACH POMPANO BEACH Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 3306 0 USA Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DE COTIS. WILLIAM H 1201 N. RIVERSIDE DR. Street Address (P.O. Box Number is Not Acceptable) 83 POMPANO BEACH FL 33062 84 City 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privious name of registered agost and tirk if applicable (NOT) Registered Agont signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE Change Addition TITLE 1.1 TITLE DE COTIS, WILLIAM H NAME 1.2 NAME RIVERSEDE DR, UNITI %-2213 E. ATLANTIC BLVD. 1201 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH Ft-33062 FL 33062 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE MAKE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELFTE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

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 trespected to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 10 in a state of the corporation or the state of the corporation of an attention that my have desired. Block 12 or Block 13 if change

SIGNATURE

954-783 5030