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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600030470 (4)

MCGEE & STARR, INC.

The Market

Principal Place of Business Mailing Address **600 CORPORATE DRIVE STE 450** 600 CORPORATE DRIVE STE 450 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0689453 Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible ☐ Yes 24 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name SILVESTRI, LEONARD **600 CORPORATE DRIVE STE 450** Street Address (P.O. Box Number is Not Acceptable) 82 FORT LAUDERDALE FL 33334 83 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE **SILVESTRI. LEONARD** NAME 1.2 NAME 600 CORPORATE DRIVE STE 450 STREET ADORESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 C(1Y - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - Z)P DELETE ☐ Change Addition 41 THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 supplied by: annual report is type and extended at another 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 trusted employee educed execute this apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or out an attachment with an audress

CIONATURE.

4/1/0/98

954-491-1299

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FILED

Apr 22 1998 8:00am

Secretary of State