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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037051

1. Corporation Name

CASSATT ENTERPRISES, INC.

Principal Place of Business
135 Chilean Avenue
Palm Beach, FL 33480

Mailing Address
~~135 Chilean Avenue~~
~~Palm Beach, FL 33480~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/96

2. Principal Place of Business
21 [redacted]
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26 c/o Stuart Haft, Esq.
Suite, Apt. #, etc.
27 321 Royal Poinciana Plaza
City & State
28 Palm Beach, FL
Zip | Country
29 33480 | 30 USA

4. FEI Number
65-0668727
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~Michael L. Duffy~~
~~c/o Alley, Maass, Rogers & Lindsay~~
~~321 Royal Poinciana Plaza~~
~~Palm Beach, FL 33480~~

10. Name and Address of New Registered Agent
81 Name: STUART J. HAFT
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Alley, Maass, Rogers & Lindsay, PA
83 321 Royal Poinciana Plaza, S.
84 City: Palm Beach | FL | 85 Zip Code: 33480

11. Pursuant to the provisions of Section 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] 3-19-98
Signature of Registered Agent (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Minnie Hickman 135 Chilean Avenue Palm Beach, FL 33480	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	President Minnie Hickman 135 Chilean Avenue Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	500002538825 -05/28/98--01017--009 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

14. 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 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 attached sheet, with an address.

SIGNATURE: Minnie Hickman 4-27-98
SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR OTHER OFFICER OR DIRECTOR DATE