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

FILED
98 JUL 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000037705

1. Corporation Name

OSLO PLAZA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3125 S.W. Mapp Road Palm City, FL 34990	3125 S.W. Mapp Road Palm City, FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: May 1, 1996

2. Principal Place of Business	2a. Mailing Address
21 3125 S.W. Mapp Road	26 3125 S.W. Mapp Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Palm City, FL	28 City & State: Palm City, FL
24 Zip: 34990 25 Country: US	29 Zip: 34990 30 Country: US

4. FEI Number: 59-3388245 ☐ 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	10. Name and Address of New Registered Agent
John White II 1645 Palm Beach Lakes Boulevard Suite 1200 West Palm Beach, FL 33401	81 Name 82 Street Address (P.O. Box Number Acceptable) 000025388390 -- 8 -07/14/98--01098--010 83 ****558.75 ****558.75 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	West, Brian G.		12 NAME	
STREET ADDRESS	3125 S.W. Mapp Road		13 STREET ADDRESS	
CITY-ST-ZIP	Palm City, FL 34990		14 CITY-ST-ZIP	
TITLE	S/D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Kalichman, David		22 NAME	
STREET ADDRESS	1231 W. Copans Road		23 STREET ADDRESS	
CITY-ST-ZIP	Pompano Beach, FL 33064		24 CITY-ST-ZIP	
TITLE	T/D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Thornton, Luke		32 NAME	
STREET ADDRESS	450 Osprey Point		33 STREET ADDRESS	
CITY-ST-ZIP	Pointe Verde Beach, FL 32082		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

7/13/98

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 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 added or on an attachment with an address.

SIGNATURE: _____ 07/08/98 (561) 221-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)