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 # P96000039031 (5)

W.I. 2800 PROPERTY INVESTMENTS CORP. Principal Place of Business Mailing Address C/O MARION LANG C/O MARION LANG 3500 ISLAND BLVD. PH #1 3500 ISLAND BLVD, PH #1 DO NOT WRITE IN THIS SPACE WILLIAMS ISLAND FL 33160 WILLIAMS ISLAND FL 33160 3. Date Incorporated or Qualified 04/26/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 65-0970822 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KLEIN, ROBERT G P.A. KŒu 2800 **\$OUTH OCEAN BLVD** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2G** 83 **BOCA RATON FL 33432** 84 85 Zip Code 11. Pursuant to the provisions of retions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered coept the obligations of Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AND/DIRECTORS 13. DELETE Change TITLE 1.1 TITLE Addition HOFMANN, THOMAS NAME 1.2 NAME C/O MARION LANG, 3500 ISLAND BLVD STREET ADDRESS 1.3 STREET ADDRESS **WILLIAMS ISLAND FL 33160** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition JITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE TITLE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 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 of the reportered 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 in an attachment with an address.

1/2/10/20 (0) 20

FILED

Jan 30 1998 8:00am

Secretary of State