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Jan 23 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 # P96000040342 (3)

1. Corporation Name
H. JACOBSOHN AND COMPANY

Principal Place of Business	Mailing Address
4474 WOODFIELD BOULEVARD BOCA RATON FL 33434	4474 WOODFIELD BOULEVARD BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1996

2. Principal Place of Business	2a. Mailing Address
21 7900 Glades Road	26 7900 Glades Road
Suite, Apt. #, etc. 22 Suite 510	Suite, Apt. #, etc. 27 Suite 510
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip / Country 24 33434-4105 / 25 USA	Zip / Country 29 33434-4105 / 30 USA

4. FEI Number: 65-0687674 ☐ 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

JACOBSOHN, HAROLD
4474 WOODFIELD BOULEVARD
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: Jacobsohn, Harold B.
82 Street Address (P.O. Box Number is Not Acceptable): 7900 Glades Road, Suite 510
83
84 City: Boca Raton FL 85 Zip Code: 33434-4105

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: Harold B. Jacobsohn President Jan 14 98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	PD JACOBSEN, HAROLD B 4474 WOODFIELD BLVD BOCA RATON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition JACOBSOHN, HAROLD B. 7900 Glades Road, Suite 510 Boca Raton, Florida 33434-4105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT JACOBSEN, BEATRIZ 4474 WOODFIELD BLVD BOCA RATON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition JACOBSOHN, BEATRIZ R. 7900 Glades Road, Suite 510 Boca Raton, Florida 33434-4105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOOLIK, TANIA 16445 COLLINS AVE $424 MIAMI BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition KOOLIK, TANIA 6761 Entrada Place Boca Raton, Florida 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBSEN, DAVID A MD 100 HARBORVIEW DR #712 BALTIMORE MD	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition JACOBSOHN, DAVID A.MD 100 Harborview Drive, Apt.#712 Baltimore, MD 21230
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ 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 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 on an attachment with an address.

SIGNATURE: Harold B. Jacobsohn President 1/14/98 561 883 5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #