

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

FILED

Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # PA6000045918
1. Corporation Name

RHINOSHIELD, INC.

Principal Place of Business 2740 E. OAKLAND PARK BWD #204 FT. LAUDERDALE, FL 33306	Mailing Address 2740 E. OAKLAND PARK BWD #204 FT. LAUDERDALE, 33306
--	--

2. Principal Place of Business 21 Suite/Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite/Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/29/96 3a. Date of Last Report 65-0723350 4. FEI Number 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
--	---	--

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EUGENE WINTER
2740 E. OAKLAND PARK BWD #204
FT. LAUDERDALE, FL 33306

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 type over printed name of registered agent or officer (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
NAME	STREET ADDRESS	12 NAME	
CITY-ST-ZIP		13 STREET ADDRESS	
TITLE	NAME	14 CITY-ST-ZIP	Change Addition
NAME	STREET ADDRESS	21 TITLE	
CITY-ST-ZIP		22 NAME	
TITLE	NAME	23 STREET ADDRESS	Change Addition
NAME	STREET ADDRESS	24 CITY-ST-ZIP	
CITY-ST-ZIP		31 TITLE	
TITLE	NAME	32 NAME	Change Addition
NAME	STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	Change Addition
NAME	STREET ADDRESS	42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
TITLE	NAME	44 CITY-ST-ZIP	Change Addition
NAME	STREET ADDRESS	51 TITLE	
CITY-ST-ZIP		52 NAME	
TITLE	NAME	53 STREET ADDRESS	Change Addition
NAME	STREET ADDRESS	54 CITY-ST-ZIP	
CITY-ST-ZIP		61 TITLE	
TITLE	NAME	62 NAME	Change Addition
NAME	STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98 (954) 566-6705

CR2E034 (9/96)