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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

2805 EAST OAKLAND PARK BLVD., STE. 110

officer or director of the corporation or the Block 12 or Block 13 if changed, of or in

Principal Place of Business



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2005 EAST OAKLAND PARK BLVD., STE. 110

DOCUMENT # P96000048738 (4)

ROSS, FORSTER, SCILLIA & BROOKS, INC.

FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 91-1779213 21 26 Not Applicable Sulte, 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 П 23 Trust Fund Contribution Added to Fees 28 Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 30 Personal Property Tax due June 30. Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCILLIA. MICHAEL V 2805 EAST OAKLAND PARK BLVD., STE. 110 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ChAIRMAN; CEO; SECROTARG DELETE 1.1 TITLE TITLE **SCILLIA, MICHAEL V** NAME **1.2 NAME** 2419 E. Commoncial Blus, Suite 307, COSE NAME OF COS STREET ADDRESS 1.3 STREET ADDRESS Fort banderdolp, Fl. Principal FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE WALPOLE, F. R NAME 2.2 NAME 2727 HILOLA ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2 4 CITY-ST-7IP CITY-ST-ZIP FOP Change DELETE 3 1 TILLE Addition TITLE FISCHER, KARNE Z KAREN NAME 3.2 NAME 20869 PINAR TRAIL STREET ADDRESS 3.3 STREET ADDRESS **BOCA RATON FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP KRISTA A. KERSEY , AW.P. DELETE 1000 NW 48Th ST Assistant Vice President Change Addition 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS LANCOLORDALE, F1. 33309 CITY-ST-ZIP 4 4 CITY - ST - ZIP ☐ Change ☐ Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-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 or the coercive or trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED May 04 1998 8:00am Secretary of State

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