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

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1, Corporation Name P96000054488 (7) PETE CORP. Principal Place of Business Mailing Address 3060 MIRO DRIVE SOUTH 3060 MIRO DRIVE SOUTH PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1996 2. Principal Place of Business 2s. Mailing Address FEI Number 65 - 068 2758 Applied For APPLIED_FOR 21 Not Applicable 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes □ Ño 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BRODY, ROBERT** 81 Name 4362 NORTHLAKE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 202 PALM BEACH GARDENS FL 33410 84 City 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 Signature, typed or profed name of regetered agert and little if applicable (NOTE Registered Agent signature required when reinstating) (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE TURCHIN, PETER E034 NAME 1.2 NAME 3060 MIRO DRIVE SOUTH STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3 1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7/P CITY-ST-ZIP DELETE ■ Addition 5.1 TITLE ☐ Change TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the info hation supplied with this filling 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 cath; that I am an 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 lation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ed, or on an attachnyint with an address.

54 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

561-6220607

Addition

Change