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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State

FILED Mar 10 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000068035 (0) SEIBERT FAMILY HOLDINGS, INC. Principal Place of Business Mailing Address 2600 MARION DRIVE 2600 MARION DRIVE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0701610 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip ŽΨ Country Country This corporation owes or has paid the current year Intangible □ No 24 Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1600 MIAMI FL 33133** 83 84 Zip Code 85 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE Change Addition SEIBERT, DAVID R NAME 1.2 NAME 2600 MARION DRIVE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL CHY-ST-ZIP 1.4 CITY - ST- ZIP PROSCRETANCE PROBLEMS DEChange Addition DELETE TITLE 21 TITLE SEIBERT, JOHN E II NAME 2.2 NAME 2600 MARION DR STREET ADDRESS 2.3 STREET ADDRESS tell undtroneti 33316.8258 FORT LAUDERDALE FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 THILE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 61 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 convergion or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: