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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074252 (3)

THE JOHANNSEN GROUP, INC.

Principal Place of Business

Mailing Address

FILED Apr 07 1998 8:00am Secretary of State



| 3220 SW 47 AVE HOLLYWOOD FL 33023 | | 3220 SW 47 AVE HOLLYWOOD FL 33023 | | DO NOT WRITE IN THIS | SPACE | | |
|---|---|---|----------------|----------------------------------|---|-----------------|----------------|
| | | | | | 3. Date Incorporated or Qualified 09/03/1996 | | |
| | lace of Business | 2a. Mailing Address | | | 4. FEI Number | A | Applied For |
| 21 4906 | SW BBED TELR. | 26 4906 Sw 33ed TELL. Suite, Apt #, etc. | | 65-0692746 | N | lot Applicable | |
| Suite, Apt. #, etc | | Suite, Apt #, etc. | | 5. Certificate of Status Desired | | Additional | |
| 22 | | 27 | | C. Continuate of oldings begined | Fee P | Required | |
| City & State | | City & State | | 6. Election Campaign Financing | | May Be | |
| 23 PT. LAUDERDALG, FL | | 28 FT. LAUDELDME, FL. Zip Country | | Trust Fund Contribution | Added | to Fees | |
| Zip Country 25 25 | | 28 33312 | Country 30 | | 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 | | | | | 10. Name and Address of New Registered | Agent | |
| KIRSCH, BRUCE J | | | | Name | | | |
| 3800 S OCEAN DR Suite 218 | | | B: | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| HO | LLYWOOD FL 33019 | | 8 | 9 | | | |
| · · · | | | 6 | City | · F | 85 Zip | Code |
| 11 Purcuont | to the provisions of Sochars ED7 (ED2 | and 607 1508 Florida Statut | es the aho | /e-named corr | | | its registered |
| office or re | egistered agent, or both, in the State of | Florida. Such change was | authorized I | y the corporat | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap | pointment a | s registered |
| agent La | m familiar with, and accopt the obligat | ions of, Section 607 0505, FI | orida Statuti | 9 S . | | | |
| SIGNATURE | Signature, typed or posted name of registered agent | and title if anolomable (NO) | 1 Begistered A | ont signature requi | ired when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTO | RS IN 12 |
| TITLE | DPST | DELETE | 1,1 TITLE | | | ☐ Change | |
| NAME | JOHANNSEN, RUSSELL G | | 1,2 NAM | | | | |
| STREET ADDRESS 3220 SW 47 AVE | | | 1.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | HOLLYMOAD EL 20002 | | | -\$1 - 21P | | | |
| TITLE | DELETE | | | | | Change | Addition |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | | | | - \$T - ZIP | | | |
| TITLE | DELETE | | | | | ☐ Change | Addition |
| NAME | | | 32 NAM | : | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY | 1 | | | 1 |
| TITLE | DELETE | | | | | Change | ☐ Addition |
| NAME | | | 4 2 NAM | E | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | | |
| CITY-S1-ZIP | | | 4.4 CITY | ·ST-ZIP | | | |
| TITLE | | DELETE | 5 1 TITLE | | | Change | ☐ Addition |
| NAME | | | 5 2 NAM | : | | | |
| STREET ADDRESS | | | l | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | |
| TITLE | | DELETE | 6.1 1111 | | | ☐ Change | Addition |
| NAME | | | 6.2 NAM | | | · | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| | | | | | | | |
| CITY-ST-ZIP | L | t this time does not qualify t | 6.4 CITY | | Section 110 07(3)(i) Florida Statutos I further | portify that th | on 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:

BE: Russell & Johnson

RUSSELL G. JOHANNS

4/1/98 954-987-296