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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075168 (0)

ELIHU H. BERMAN, P.A.

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1525 SOUTH BELCHER ROAD 1525 SOUTH BELCHER ROAD **CLEARWATER FL 34624 CLEARWATER FL 34624** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>09/10/1996</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable 59-3411889 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERMAN, ELIHU H 1525 SOUTH BELCHER ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34624** 83 R4 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) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE Ď 1.1 TITLE NAME Berman, Elihu H 1.2 NAME 1525 SOUTH BELCHER ROAD STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL 34624 1.4 CITY - ST - ZIP CITY-ST- DP DELETE Change ☐ Addition TITLE 2.1 TITLE HOBGOOD, RON A NAME 2.2 NAME 1525 SOUTH BELCHER ROAD STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 34624** CITY-ST-2# 2. 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY- ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 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 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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, or on an attachment with an address.

6.4 CITY-ST-ZIP

01011171177

CITY-ST-ZIP

All & Beuns Con

2/2/98 (012) 63/0-10/29