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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

P96000082003 (0)

CITHERN COMPANY

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|---|---|--|--|
| Principal Place of Business | Mailing Address | | |
| 21218 SAINT ANDREWS BOULEVARD, SUITE 631 BOCA RATON FL 33433 | 21218 SAINT ANDREWS BOULEVARD. SUITE 63 BOCA RATON FL 33433-2435 | | |
| Original Place of Purious | Lo. Mailing Addrson | | |

FILED May 08 1997 8:00am Secretary of State



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|---|-----------------------------------|--------------------|---|--|---------------|
| Principal Place of Business Mailing Address 21218 SAINT ANDREWS BOULEVARD. SUITE 631 BOCA RATON FL 33433 BOCA RATON FL 33433-2435 | | | | | |
| | | D. SUITE 631 | : | | |
| | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1996 | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4, FEI Number Applied F | - |
| 21 3408 UW 51 PCACE | 26 Suite Ant # ata | | | 65-0699629 Not Applie | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | . , , , , , , , , , , , , , , , , , , , | 5. Certificate of Status Desired See Required Fee Required | ial i |
| City & State 23 BOCA RATON, FL | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees | |
| Zip Country | Zip | Cour | ntry | 8. This corporation has liability for intangible tax under s. 199.00 | 32, |
| 24 33-146 25 USA 9. Name and Address of Curre | 29 | 30 | | Florida Statutes Yes A No | |
| | ni Hegistered Agent | | 81 Name | 10. Name and Address of New Registered Agent | |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE | | Ĺ | E60 | U P. EINÖDEK | |
| CORAL GABLES FL 33134 | | | 82 Street Addres 340 え | ess (P.O. Box Number is Not Acceptable) WW SI CLACE | |
| COMME CARBLES I E 33134 | | ŀ | 83 S | NO ST TEXTS | |
| | | 1 | | | |
| | | i | B4 City Bo Ca | S (LATON) FL 85 Zip Code 3 3 4 9 | 1 |
| 11. Pursuant to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statu | utes, the ab | ove-named corp | oration submits this statement for the purpose of changing its regist | tered |
| office or registered agent, or both, in the State | te of Florida. Such change was | authorized | by the corporation | oration submits this statement for the purpose of changing its regist on's board of directors. I hereby accept the appointment as registe | red |
| (// | EGON EINODER | 1/ | 1100. | 4 2007 | |
| SIGNATURE Signature by ed or printed harrie of registated a | | TE Registered | Agent signature require | d when reinstating) A . 20.97 DATE | |
| | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 2 |
| THLE PTD | ☐ DELETE | 1.1 TiT | LE | ☐ Change ☐ A | ddition |
| NAME EINODER, EGON H | | 1.2 NA | ME | · | |
| STREET ADDRESS 21218 SAINT ANDREWS BO | ULEVARD, SUITE 631 | 1.3 ST | REET ADDRESS | | |
| CITY-ST-ZIP BOCA RATON FL 33433 | | 1.4 CIT | Y-ST-ZIP | · | |
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| NAME EINODER, EGON P | NEWS ALIES AND | 2.2 NA | ME | | |
| STREET ADDRESS 21218 SAINT ANDREWS BO | ULEVARD, SUITE 631 | 2351 | REET ADORESS | | |
| CHY-ST-ZIP BOCA RATON FL 33433 | T priese | | IY-ST-ZIP | | |
| TITLE | ☐ DELETE | 3.1 TIT | | [_] Change | ddition |
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| NAME | | 4 2 NJ | | | |
| STREET ADDRESS | | | REET ADDRESS | | |
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| CHY-SI-ZIF | DELETE | 5.4 CI | Y-ST-ZIP | Change A | ddition |
| NAME | | 6.2 NA | | | |
| STREET ADORÉSS | | | REET ADDRESS | | |
| CITY-ST ZIP | | | Y-ST-ZIP | • | |
| | ied with this filing does not gua | | | In Section 119.07(3)(i), Florida Statutes. I further certify that the | |

information indicated on this annual report of 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:

EGON EINODER