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FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P96000084912

1. Corporation Name
CITRUS ABC, INC.

Principal Place of Business	Mailing Address
3530 Mystic Point Dr. #2615 Aventura, FL 33180	3530 Mystic Point Dr. #2615 Aventura, FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 SAME AS ABOVE	2a. Mailing Address	26 % JACK ROSENBERG CPA
Suite, Apt. # etc	22	Suite, Apt. #, etc	27 4700 SHERIDAN STREET BLDG "N"
City & State	23	City & State	28 HOLLYWOOD FLA
Zip	24	Zip	29 33021
Country	25	Country	30

3. Date Incorporated or Qualified: 10/14/96
4. FEI Number: 65-0702564 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
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
Corp Service Co
1201 Hays Street
Tallahassee Fl 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	BEAT SCHAFFNER		1.2 NAME	Jack N. Rosenberg, CPA	
STREET ADDRESS	3530 MYSTIC POINT DR., #2615		1.3 STREET ADDRESS	4700 Sheridan Street - Bldg. N	
CITY-ST-ZIP	AVENTURA, FL 33180		1.4 CITY-ST-ZIP	Hollywood, Florida 33021	
TITLE	SECRETARY	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JANET BAKO-SCHAFFNER		2.2 NAME		
STREET ADDRESS	3530 MYSTIC POINT DR, #2615		2.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	100002556931	
STREET ADDRESS			6.3 STREET ADDRESS	-06/18/98--01019--027	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

14. I hereby 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 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.

JACK N. ROSENBERG CPA as agent for BEAT SCHAFFNER

SIGNATURE: ______ CPA (954)989-7462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #