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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000085348 (6) DOCUMENT #

MIDLAND ENTERPRISES, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 741 W. OAKLAND PARK BLVD. 741 W. OAKLAND PARK BLVD. OAKLAND PARK FL 33311 OAKLAND PARK FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0703136 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MIDDLETON, ANNE 741 W. OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33311 83 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MIDDLETON, ANNE NAME 1.2 NAME 741 W. OAKLAND PARK BLVD. STREET ADDRESS 1.3 STREET ADDRESS **OAKLAND PARK FL 33311** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 34. 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 TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP Thereby certify that the information supplied with this high indicated on this annual report of supplemental annual indicated on the consorator of the consorator of the receiver or the consorator. pes not quality for the ex-is true and accurate and empowered to execute t mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information dithat my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in supplied with this fill officer or director of the corporate Block 12 or Block 13 if changed

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