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 # P96000086313 (9)

THE SHEFFIELD AGENCY, INC.

Principal Place of Business Mailing Address 800 WEST AVENUE 800 WEST AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

FILED Apr 30 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0713643 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Ζip Country 8. This corporation owes or has paid the current year Intangible 🔼 Yes 24 Personal Property Tax due June 30. ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHEFFIELD, CYNTHIA KOREN 3040 S.W. 21ST COURT Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33312 83 84 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, typod or pented name of registered agent and the if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition THILE 1.1 TITLE Change SHEFFIELD, CYNTHIA KOREN NAME 1.2 NAME 1228 Pennsylvania Ave., #8 3040 S.W. 21ST COURT 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 miami Beach FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS **9.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADORESS 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 Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 forporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if chapged, or of an attachment with an address /

SIGNATURE:

305-531-5886