## 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 # P96000089670 (9)

FILED Jun 02 1998 8:00am Secretary of State

SQUIRREL HILL HOLDINGS, INC. Principal Place of Business Mailing Address 100 SOUTHEAST SECOND STREET 100 SOUTHEAST SECOND STREET 21ST FLOOR 21ST FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified <u>10/31/1996</u> Mailing Address Applied For 2. Principal Place of Business Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible OSA Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent ALLEN, RICARD L 100 SE 2ND STREET, 21ST FLOOR 82 **MIAMI FL 33131** 83 84 evisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diagent, 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 with the object the object of Section 607.0505, Florida Statutes. 11. Pursuant to the m familia SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE NAME **ALLEN, RICHARD** 1.2 NAME 100 SOUTHEAST SECOND ST, 21ST FLOOR 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME **GUMBERG, ANDREW D** 2.2 NAME STREET ADDRESS 3200 N. FEDERAL HIGHWAY 2.3 STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-ZIP 2.4 CHY-S1-ZIP DELETE Change ☐ Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY - ST - 7iP

14. Thereby 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 population or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, brion at all individual indiress.

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