FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Change

^xX//3.

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000100012 (9)

REEDOM DEVELOPMENT AND CONSTRUCTION, INC.

Mailing Address Principal Place of Business 917 N FEDERAL HWY 917 N FEDERAL HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0713047 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country $Z_{\rm ID}$ Personal Property Tax due June 30. Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MARTIN G. BROOKS PA 450 NO PARK ROAD STE 400 Street Address (P.O. Box Number is Not Acceptable) 62 HOLLYWOOD FL 33021 83 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE FERENCZI, CSABA 1.2 NAME NAME 917 N FEDERAL HWY STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition DELETE 217006 TITLE KALLHARDT, MATHIAS 2.2 NAME NAME 917 N FEDERAL HWY 2 3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 2 4 City-St-ZiE CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE MONARO, CRISTINA 3.2 NAME NAME 917 N FEDERAL HWY 3.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF CITY-ST-ZIP ___ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME

5.3 STREET ADDRESS

6.3 STREFT ADDRESS

5.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

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 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 altachment with an address.

DELETE