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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000100806 (4) RTT GROUP, INC. Principal Place of Business Mailing Address 1800 N.W. 6TH STREET 1900 N.W. 6TH STREET FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311 2. Principal Place of Business 2a. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 23 28 Zip $Z_{i}p$ 24 29 25 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE

FILED May 04 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1996 4. FEI Number Applied For 65-0714681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 62 **CORAL GABLES FL 33134** 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, typed or printed name of registired agent and title if applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE ☐ Change Addition CHRISTIE, RAYMOND F NAME 1.2 NAME 1900 N.W. 6TH STREET STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33311 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 City-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6 1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 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 charged or on an attachment with an eddress.

463-3244