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

FILED PROFIT Jun 09 1998 8:00am FLORIDA DEPARZMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name P9700000399 T.L.D.C. CORP. Principal Place of Business Mailing Address 12000 BISCAYNE BOULEVARD 12000 BISCAYNE BOULEVARD SUITE 803 SUITE BO3 MIAMI FL 33181 MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/02/1997</u> 2, Principal Place of Business 2a. Mailing Address Applied For 21 65-0719643 Not Applicable Suite, Ant. #. 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 28 Trust Fund Contribution Added to Fees Zip Country Zib 8. This corporation owes or has paid the current year Intangible 25 24 29 Personal Property Tax due June 30. Yes ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TAYLOR, HARVEY S Harvey S. Taylor
Streel Address (P.O. Box Number is Not Acceptable)
12000 Biscayne Blvd. 110 SOUTHEAST 6TH STREET 82 28TH FLOOR Suite 803 83 FORT LAUDERDALE FL 33301 84 City Zip Code 33181 Miami 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 Herida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent Ham familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 4/29/98 SIGNATURE dage at au diutie diaggiocalde (NOT) Registered Agent signature required when reinstating! HCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE P,S 1.1 HILE Change Addition NAME Harvey S. Taylor 1.2 NAME STREET ADDRESS 12000 Biscayne Blvd., 1.3 STREET ADDRESS CITY-ST-ZIP Miami, FL 33181 1.4 CHY-ST-7IP DELETE TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7(P) TITLE DELETE 3.1 UTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4.1 TIPLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY - ST - ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY-ST-ZIP TITLE DELETE 6.1 TIFLE Addition .Change 5000025538

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 of suppliemental 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 copy attout or the receiver or Instead unique appears in

6.3 STREET ADDRESS

6.2 NAME

-06/09/98--01087--0**2**5

305/002 6000

***159.00

4/29/gg

NAME

STREET ADDRESS

CITY-ST-ZIP