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

NAME

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an

FILED Jun 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name P9700000506 (0) KHAN, HUN AND MENZ, INC. Principal Place of Business Mailing Address 4217 PALM FOREST DRIVE SOUTH 4217 PALM FOREST DRIVE SOUTH DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 0763943 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, øtc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MENZ, MARK A 4217 PALM FOREST DRIVE SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** 83 City Zip Code 11. Pursuant to the provisions of Sections 507.0502 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 little of florida. Such change was authorized by the corporations floard of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 697.0505, forida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition n DELETE 1.1 TITLE TITLE NAME MENZ, MARK A 1.2 NAME 4217 PALM FOREST DRIVE SOUTH 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33445** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME MENZ, GLEN M 2.2 NAME 3118 LOWSON BLVD. STREET ADDRESS 2 3 STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. City - ST- ZiP Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE

> 62 NAME 6.3 STREET ADDRESS

chment with an address

6.4 City-St-ZIP 14. Thereby certify that the information supplied with this filling 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 recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in