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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003654 (5)

STUDNICKY & COMPANY, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5505 N. MILITARY TRAIL 5505 N. MILITARY TRAIL SUITE 304 SLITE 304 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33496 BOCA RATON FL 33496** 3. Date Incorporated or Qualified 01/14/1997 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 54-1049300 20877 Del Luna Drive Not Applicable 21 20877 Del Luna Drive Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Etection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Boca Raton, FL Boca Raton, FL Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes ²⁴ 33433 25 USA USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STUDNICKY, JOHN P 5505 N. MILITARY TRAIL Streel Address (P.O. Box Number is Not Acceptable) 20877 Del Luna Drive 82 SUITE 304 **R3 BOCA RATON FL 33496** 84 Boca Raton 33496 DB, Florida Statutes, the above-named corporation submits this statement for the gurpose of changing its registered chichango was authorized by the corporation's board of directors. I hereby accept the appointment as registered cut of 7.0505, Florida Sjatutes. 11, Pursuant to the provision office or registered a agent. I am familiar w P. STUDWIC JOHN SIGNATURE required when reinsta ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE p X Change Addition TITLE 1.1 TITLE STUDNICKY, JOHN P STUDNICKY, JOHN P NAME 12 NAME 5505 N. MILITARY TRAIL, SUITE 304 20877 Del Luna Drive STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** Boca Raton, FL 33433 CITY-ST-ZIP 1.4 CHY-ST-ZIE DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE □ DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change ☐ Addition 6.1 TiTLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY - S1 - ZIP

14. Thereby certify that the infolutation subject with the 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 reput for suppressing an under 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 complication to the complication of the complication o