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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700005424 (1)

ENGEL AGENCY, INC.

FILED Apr 23 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			A BIIRI DIVID IIDAA DIDI KOBI
		8236-C SEVERN DR BOCA RATON FL 33433			
				DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address		01/13/1997 4. FEI Number	Applied For
21		26		65 0725 263	Not Applicable
Suite Apt	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No
DAI	KER, RONALD G		81 Name	No. Italio and Italian of Italian Italian	
	'5 PONCE DE LEON BLVD		20 0	(0.0.0.1)	
SUITE 301			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33146		83		
	17 E G D L L D T T T T T T T T T T T T T T T T		84 City		
			84 City	FL	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050 egistered agent, or both, in the State	32 and 607 1508, Florida Statute of Florida Such change was authors of Spoling 607 0505, Florida	s, the above-named cor- uthorized by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered
_	in tanninat with, and access the objection	janons bi, accion 607.0005, i ki	ida Statutes.		
SIGNATURE	Stgcature, typed or pentral harve of registered ag	era aed title it apply abor (NOTE	Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
THILE	D	☐ DELETE	1.1 TOTLE		Change Addition
NAME	BAKER, LAWRENCE A		1 2 NAME		
STREET ADDRESS	8236-C SEVERN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1 4 CITY-ST-ZIP		
TITLE		☐ DELFTE	21 TIFLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY · ST · ZIP 31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST ZIP			3.4. CITY-ST-2/P		
TITLE		DELLTE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DECETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DFLETE	61 TIFLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST ZIP	orth that the information and had	St. Act. Block at 15 at 15 at 15	6.4 CITY-ST-ZIP	Chierata 07/000 Florida Outros Manhard	

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 frue and accurate and that my signalure 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 precite 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 attachment with an address.

CICALATUDE, LAMPENICE A RAVER

4/15/98 561883007