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

Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P97000005590 (9) **DOCUMENT #** BARRY SILVERSTEIN, D.C., P.A. Principal Place of Business Mailing Address 4350 WEST SUNRISE BLVD., SUITE 118 4350 WEST SUNRISE BLVD., SUITE 118 PLANTATION FL 33313 PLANTATION FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 719203 26 Not Applicable 21 Suite Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 Zip Code 7.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Soction 507,0505, Florida Statutes. 11. Pursuant to the provisions of SIGNATURE leted agent and tille if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1 1 TrTLE Change SILVERSTEIN, BARRY 1.2 NAME NAME 4350 WEST SUNRISE BLVD., SUITE 118 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33313** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY ST ZIP 2. 4 CITY - ST-ZIP DELETE ☐ Change Addition 3.1 Tille 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TOLE TITLE 4.2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

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 informatic 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 eath; that I am an officer or director of the corporation or the receiven or trustee empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or open attachment with an address.

5.1 TITLE

5.2 NAME

61 JITLE

6 2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

14/98 929 381

Change

Change

Addition

Addition

CRZE034 (10/97

**FILED**