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CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P97000005758 (2) DOCUMENT # 1. Corporation Name

ANDREWS PROPERTIES, INC.

Principal	Place of I	Business

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Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



6500 N. ANDREWS AVENUE 6500 N. ANDREWS AVENUE FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Žip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KALAYCI, TANZER H 6500 N. ANDREWS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33309 83 84 City 85 Zip Code 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 Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstaling) (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE KALAYCI, TANZER H NAME 1.2 NAME CR2E034 4921 N.E. 28TH AVE STREET ADDRESS 1.3 STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP 1.4 CiTY - ST - ZiP DELETE Change Addition 2.1 TITLE TITLE RAMOS, R. ARNOLD NAME 2.2 NAME 5681 S.W. 9TH STREET STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL 33317** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE KEITH, WILLIAM V NAME 3.2 NAME 1089 S.E. MACARTHUR BOULEVARD STREET ADDRESS 3.3 STREET ADDRESS STUART FL 34996 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 611ITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. I hereby 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 receiver or trustee empowered to execute 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.

6.4 CITY - ST - ZiP

CITY-ST-ZIP