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

**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 P9700006407 (5) DOCUMENT # SUB-A-SAURUS, INC. Principal Place of Business Mailing Address 5221 NW 53RD AVENUE 5221 NW 53RD AVENUE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1997 2. Principal Place of Business RIDLE 2a, Mailing Address FEI Number Applied For 21 2013 CORAL RIGHT DR. Suite, Apt. #, etc. 9013 Not Applicable Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 107 10.1 City & State 6. Election Campaign Financing \$5.00 May Be 23 CORAL SPRINGS FIA Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible □ No Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 KORUM, SCOTT H Street Address (P.O. Box Number is Not Acceptable)
3013 CORAL RIDGE DR 5221 NW 53RD AVENUE 82 COCONUT CREEK FL 33073 83 SPRINGS CORAL 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 lamiliar with and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Againt signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE 1.1 TITLE TITLE PRESEDENT KORUM, SCOTT H 1.2 NAME SCOTT KORUM NAME 5221 NW 53RD AVENUE 2013 CORAL RIDGE DR 1.3 STREET ADDRESS STREET ADDRESS CORAL Springs FIA 33071 Change COCONUT CREEK FL 33073 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1.1BLF TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TILLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - \$1 - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 information indicated on this immuel 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 organ attaphysical with an address.

5.4 CITY - ST - ZIP

6 1 111LF

**G 2 NAME** 6.3 STREET ADDRESS 64 CITY-ST-71P

DELETE

SIGNATURE:

CITY-ST-ZIP

TITLE

6-298

202-0001

☐ Change

Addition