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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700006689 (8)

| 1. Corporation | LIC REAL ESTATE MANAG | EMENT CORP. | , | | |
|--|---|---------------------|---|--|---|
| Principal Place of Business Mailing Address | | | | T INDUSTRIAL TIME TRAINT AND IT WAS IN A DRIVE AND | INIO ONIDA MINUS RALLA IDEL DOBLE |
| 1300 PARK OF COMMERCE BLVD. SUITE 152 DELRAY BEACH FL 33445 1300 PARK OF COMMERCE SUITE 152 DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 | | | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified | |
| 2. Principal P | ace of Business | 2a. Mailing Address | | 01/17/1997 4. FEI Number | Applied For |
| 21 | | 26 | | 45-0730965 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country | Zıp | Country | 8. This corporation owes or has paid the cu | urrent year Intangible |
| 24 | 25 | 29 | 30 | , | Yøs No |
| | Name and Address of Curre NDY S.TOMKINS, P.A. | nt Registered Agent | 81 Name | 10. Name and Address of New Registered | Agent |
| | 5 GLADES ROAD, SUITE 300 F CA RATON FL 33431 | • | 83 SUIT | dress (P.O. Box Number is Not Acceptable) PACK OF COMMERCE B | |
| SIGNATURE | Sent- | Pres | | | s5 Zip Code 33745 of changing its registered pointment as registered |
| 12. | Signature, typed or printed name of registered ag OFFICERS AN | ND DIRECTORS | OTE: Registered Agent signature red | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 |
| TOTLE | D | DELETE | 1.1 TITLE | ADDITIONS/CHARGES TO OFFICERS AN | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | NEUBARTH, STEVEN 1300 PARK OF COMMERCE BLVD. SUITE 152 | | 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE NAME | | DELETE | 2.1 TITLE 2.2 NAME | | ☐ Change ☐ Addition |
| STREET ADORESS CITY-ST-ZIP | | | 2.3 STREET ADDRESS 2.4 City-St-Zip | | |
| TITLE NAME PROCESS ADDRESS | | DELETÉ | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP | | DELETE | 3.4. CITY-ST-ZIP | | Change Addition |
| TITLE NAME STREET ADDRESS | | ["] DETEIR | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | □ ∩uange □ Addition |
| CFTY - ST - ZIP TITLE | | ☐ DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | Change Addition |

14. Thereby 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 alyachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

672VE

__ DELETE

do who sel

ns 3-/4-98

FILED

Mar 18 1998 8:00am

Secretary of State

567.247-8380

Addition

CR2E034 (10/97)