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 # P97000021042 (1)

HOLLANDER & BARTELSTONE, P.A.

| Principal Place of Business | Mailing Address |
|--|--|
| 2 SOUTH BISCAYNE BLVD SUITE 9570 ONE BISCAYNE TOWER MIAMI FL 33131 | 2 SOUTH BISCAYNE BLVD SUITE 3570 ONE BISCAYNE TOWER MIAMI FL 33131 |
| 2. Principal Place of Business | 2a. Mailing Address |

FILED Apr 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1997 Applied For 65-017 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARTELSTONE, TED H 2 SOUTH BISCAYNE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 3570 ONE BISCAYNE TOWER 83 **MIAMI FL 33131** 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HOLLANDER, HOWARD J 1.2 NAME NAME 2 SOUTH BISCAYNE BLVD SUITE 3570 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** 1.4 CITY - ST - ZIP CITY-ST-ZiP DELETE __ Change ___ Addition TITLE 2.1 T(TLE BARTELSTONE, TED H NAME 2.2 NAME 2 SOUTH BISCAYNE BLVD SUITE 3570 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE Change Addition TITLE 3 1 100 F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 1/11/16 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 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.