FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000022128 (7) DOCUMENT # ROASTMASTER, INC. Principal Place of Business Mailing Address 3000-2 NW 25 AVENUE 2929 E. COMMERCIAL BLVD. POMPANO BEACH FL 33069 FORT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0790199 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EDISON, GEORGE S 2929 E. COMMERCIAL BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 605 FORT LAUDERDALE FL 33308 **A3** City 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, typed or pentind name of registered agent and liftle if applicable (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE SCHEIN, JAY 1.2 NAME Jay Scheir NAME 3000-2 NW 25 AVENUE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33069 Beach, FL 3306 CITY-ST-ZIP 1.4 City-St-ZiP Change DELETE Addition TITLE 21 TITLE MALAF 22 NAME

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 qn an attachment with an address.

2.3 STREET ADDRESS

Change

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Change

Addition

Addition

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☐ Addition

2.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADORESS

44 CITY-ST-ZIP

5.4 CITY-ST-ZIP

31 TITLE

3.2 NAME 3.3 STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

NAME

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TITLE

NAME

SIGNATURE J. Jm Schrib President DIR, 4-13-98 978-2286