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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022835

1. Corporation Name
Preferred Management Group of South Florida Inc.

Principal Place of Business: 141 Isle of Venice
Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: March 13th 1997

2. Principal Place of Business
21 141 Isle of Venice
Suite, Apt. #, etc.
22 #8
City & State
23 Fort Lauderdale, Fla
Zip 24 33301 Country 25 US

2a. Mailing Address
26 141 Isle of Venice
Suite, Apt. #, etc.
27 #8
City & State
28 Fort Lauderdale, Fla
Zip 29 33301 Country 30 US

4. FEI Number 65-0735342 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
John V. Marinelli, Esq.
2201 NE 52nd Street
#10
Lighthouse Point, Fla 33064

10. Name and Address of New Registered Agent
81 Name: Blaine H. Hibbard P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 320 Southeast 9th St.
83
84 City: Fort Lauderdale FL 85 Zip Code: 33316

11. Pursuant to the provisions of Sections 607.0505 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) (Registered Agent's signature is required if filing via mail/fax) DATE: 4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Timothy V Foster	12 NAME	
STREET ADDRESS	141 Isle of Venice #8	13 STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Fla. 33301	14 CITY-ST-ZIP	
TITLE	Vice President ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS	Same	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS	Same	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS	Same	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	300002512233
STREET ADDRESS		53 STREET ADDRESS	-05/06/98--01002--020
CITY-ST-ZIP		54 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

JCSB

14. I hereby certify that the information supplied with this report 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 is entered in Block 14 with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-14-98 — Daytime Phone #: 954-462-1944

CR2E034 (10/97)