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 # P97000023005 (6)

MICHAEL W. SKOP, P.A.

Principal Place of Business	

12865 WEST DIXIE HIGHWAY

2ND FLOOR NORTH MIAMI FL 33161

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

23

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Zip

CITY-ST-ZIP

Mailing Address

12865 WEST DIXIE HIGHWAY 2ND FLOOR

NORTH MIAMI FL 33161

Suite, Apt. #, etc.

2a. Mailing Address

26

27

FILED Mar 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1997 FEI Number Applied For 65-014586 **2** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be Added to Fees Trust Fund Contribution

City & State City & State 6. Election Campaign Financing 28 Country Zıp Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. X Yes ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOLLAND, FRANK ESQ 12865 WEST DIXIE HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SECOND FLOOR 83 NORTH MIAMI FL 33161 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 agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PSTO** DELETE Change Addition 11 TITLE TITLE SKOP, MICHAEL W 1.2 NAME 12865 W DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI FL 33161** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE Change 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 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS**

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.

6.4 CITY-ST-ZIP