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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000027568 (9)

ACHIEVE MOBILITY STORES USA, INC.

FILED May 12 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | - I TRANIMON AND COTTON PROMES BROWN BROWN BRANCH BROWN | V NINEL IRANI ANIM | MILIDA III II EUNE | |
|--|--|---|----------------------------|---------------------|---|---|--------------------|----------------|
| 18275 FRESH LAKE WAY 18275 FRESH LAKE WAY | | | Y | | | | | |
| BOCA RATON FL 33498 BOCA RATON F | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified | HIS SPACE | |
| | | | | | | 03/24/1997 | | [|
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Applied For |
| 21 2875 | 5 South Congress Ave 26 | | | | | 65-0741683 | ⊢ | Not Applicable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | 5 Additional |
| 27 | | | | | | 5. Certificate of Status Desired | Fee | Required |
| City & State City & State | | | | | | 6. Election Campaign Financing | \$5.0 | O May Be |
| 23 Del 170 | 28 | · | | | Trust Fund Contribution | Adde | d to Fees | |
| Zip | | | | Country | | 8. This corporation owes or has paid the | | |
| 24 3994 | 9. Name and Address of Current | Pegistered Agent | 30 | | | Personal Property Tax due June 30. 10. Name and Address of New Registe | Yes | ∐ No |
| DDI. | | Hogistoto Agent | - | 61 Na | me | ID, Marile Bills Addition of Horse Hogiste | IOU Agoin | |
| BRUCE H. HEST, PA | | | | | | | | |
| 7777 GLADES ROAD SUITE 207 | | | | 82 Str | eet Addre | ess (P.O. Box Number is Not Acceptable) | | |
| BOCA RATON FL 33434 | | | | 83 | | | | |
| | 5/ 15/10/11 E 55/51 | | \ \ | 24 00 | | | - In-1 7 | - 0-1- |
| | | | | 64 City | √ | | FL 85 Zi | ip Code |
| 11. Pursuant t | to the provisions of Sections 607.0502 | and 607 1508, Florida Statu | tes, the ab | ove-nan | ned corpo | oration submits this statement for the purpor | se of changing | its registered |
| office or re | egistored agent, or both, in the State o m familiar with, and accept the obligati | f Florida. Such change was ions of, Section 607.0505, Fl | authorizec Iorida Stati | l by the : utes. | corporation | on's board of directors. I hereby accept the | appointment a | as registered |
| SIGNATURE | 3 | | | | | | | |
| Signature, typied or printed name of registered agent and tita if applicable (NOTE Regis | | | | | ature require | ed when reinstating) DA | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | |
| TITLE | D LEIGTEN MITCHELL | ☐ DELETE | 1,1 717 | | İ | | L_1 Criange | a |
| NAME | LEISTEN, MITCHELL 18275 FRESH LAKE WAY | | 1.2 NA | | | | | [|
| STREET ADDRESS | BOCA RATON FL 33498 | | | REET ADDRE | .55 | | | |
| CITY-ST-ZIP | D | DELETE | 2.1 (1) | Y-ST-ZIP | | | Change | e Addition |
| NAME | LEISTEN, DEBRA 22N | | | 1 | | | | |
| STREET ADDRESS | 18275 FRESH LAKE WAY | | 2.3 STREET ADDRESS | | 223 | | | |
| CITY-ST-Z#P | BOCA RATON FL 33498 | | | TY-ST-ZIP | | | | |
| TITLE | | L_ DELETE | 3 1 TiT | | | | Change | e 🔲 Addition |
| NAME | | | 3 2 NA | ME | | | | |
| STREET ADDRESS | | | 3 3 ST | REET ADDRE | :ss | | | 1 |
| CITY-ST-ZIP | | | 3.4. Ci | TY - ST - ZIP | | | | |
| TITLE | | DELETE | 4.1 1(1 | LE | | | Change | e Addition |
| NAME | | | 4. 2 N | ME | ì | | | ļ |
| STREET ADDRESS | | | 4.3 ST | REET ADDRE | iss | | | |
| CITY-ST-ZIP | | | 4.4 CIT | Y-ST-ZIP | $-\!$ | | | |
| TITLE | | ☐ DELETE | 5.1 717 | | | | Change | e 🔲 Addition |
| NAME | | | 5.2 NA | | | | | |
| STREET ADDRESS | | | | REET ADDRE | SS | | | |
| CITY-ST-ZIP | | DELETE | | Y-ST-ZIP | | | ☐ Change | e Addition |
| TITLE | | L DELEIE | 6.1 111 | | | | Change | " C Modition) |
| NAME | | | 6.2 NA | | | | | Ī |
| STREET ADDRESS | | | | REET ADDRE | .55 | | | |
| CITY-ST-ZIP | pertify that the information supplied with | this filing does not qualify t | | ry-ST-ZIP | stated in S | Section 119 07(3)(i), Florida Statutes, Lfurthe | er certify that th | he information |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 attackment with an address.

SIGNATURE.

(MITCHELL WISTER)

4/28/9

((41)765-1500