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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham P

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029944 (0)

WALL STREET EXECUTIVES. INC.

Principal Place of Business Mailing Address 7108 FAIRWAY DRIVE 7108 FAIRWAY DRIVE SUITE 260 SUITE 260 DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Date Incorporated or Qualified 04/02/1997 2a. Mailing Address 4. FFI Number Applied For 2. Principal Place of Business Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip Personal Property Tax due June 30. Yes 30 25 24 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name MARRO, BRIAN S 7108 FAIRWAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 260 83 PALM BEACH GARDENS FL 33418 84 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 DATE (NOTE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and tele if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE MARRO, BRIAN S 12 NAME NAME 7108 FAIRWAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 21 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE TITLE 32 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE ___ Addition 61 TAILE TITLE 62 NAME NAME

14. Thereby 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 or Changed, Organ any attackment with an address.

63 STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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FILED

Apr 01 1998 8:00am

Secretary of State