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

FILED Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000034996 (3) MANTOOL INVESTMENTS, INC. Principal Place of Business Mailing Address 2111 SW 31ST AVE. 2111 SW 31ST AVE. PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes o has paid he current year Intangible Ves □ No 30 24 25 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 HINDEN, JON A 4430 SW 64 AVE. 62 Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33314 83 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE MANTELL, MICHAEL NAME 1.2 NAME 1081 SW 91ST AVE. STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33324** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE O'TOOLE, SHAWN NAME 2.2 NAME 3186 WILSON ST. STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP 2. 4 CITY-ST-2IP DELETE TITLE Change Addition 31 TITLE 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 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition

SIGNATURE:

NAME

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.

6.2 NAME

6.3 STREET ADORESS 6.4 CITY - ST-ZIP

-24-91 305-556-5702