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

PROFIT CORPORATION ANNUAL REPORT

1998

12230 SW 2ND ST

MIAMI FL 33184



FLORIDA DEPARTMENT OF STATE

Sandra B. Merthem-

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035344 (5)

S MONTAGUE & COMPANY, INC.

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
12230 SW 2ND ST MIAMI FL 33184		12230 SW 2ND ST MIAMI FL 33184			
				Date Incorporated or Qualified 04/21/1997	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number A	pplied For
21		26		65.0756390 N	lot Applica
Suite, Apt. #, etc.		Suite, Apt #, etc.		5 Cartificate of Status Desired S8.75	Additional Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	Ζφ 29	Country 30	8. This corporation owes or has paid the current year In Personal Property Tax due June 30. Yes	ntangible No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCMILIAN C M ID					

FILED May 26 1998 8:00am Secretary of State

Applied For Not Applicable

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Street Address (P.O. Box Number is Not Acceptable)

83 84 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, typind or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Addition TITLE DELETE 1.1 TITLE Change NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Addition Change TITLE 31 THILE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP □ DELETE Change Addition 4.1 THILE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

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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 suppliemental 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.

CITY-ST-ZIP

VIIICE