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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000038203 (0) DOCUMENT #

KAHN SILVERMAN ENTERPRISES, INC.

Principal Place of Business

2730 S.W. THIRD AVENUE

Mailing Address

2730 S.W. THIRD AVENUE SUITE 100

FILED Jan 27 1998 8:00am Secretary of State



SUITE 100 DO NOT WRITE IN THIS SPACE MIAMI FL 33129 MIAMI FL 33129 3. Date Incorporated or Qualified 04/28/1997 Principal Place of Business 2a. Mailing Address 26 6025 BULK RIBGE RO 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name YANOWITCH, PETER J ESQUIRE 800 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 550 83 **MIAMI FL 33131** 84 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1,1 TITLE Addition Change NAME KAHN, BOB 1.2 NAME STREET ADDRESS 2730 S.W. THIRD AVENUE, SUITE 100 1.3 STREET ADDRESS 6025 BUCK RIDGE RI EARLYSUILLE, VA. 22436
Change MIAMI FL 33129 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE SILVERMAN, FRED NAME 2.2 NAME STREET ADDRESS 701 LINCOLN ROAD, SUITE 107 2.3 STREET ADDRESS CMY-ST-ZIP MIAMI BEACH FL 33139 2. 4 CITY-ST-ZIP Change TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE __ Change 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP □ DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 angual 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 received trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 ij. mange), or on an algorithms with an address.

SIGNATURE:

804 945-0081 1-12-93