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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700046441 (6)

MD OFFICE BUILDING, INC.

Jun 01 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 885 FATHOM RD. 885 FATHOM RD. N. PALM BEACH FL 33408 N. PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 885 FATHOM RD 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional W 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intaggible 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARRIS, MICHAEL D 712 US HWY. 1, STE. 400 82 Street Address (P.O. Box Number is Not Acceptable) N. PALM BEACH FL 33408 83 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. Familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or preded harm of regerice majors and title diapple after (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change ___ Addition 1.1 TITLE Max tochner NAME 1.2 NAME PATHOM RP STREET ADDRESS 1.3 STREET ADDRESS City-St-ZiP 1.4 CITY - ST - 7IP DELCTE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADORESS 2.9 STREET ADDRESS J Downs Blud CITY-ST-ZIP 2 4 CHY - \$1 - 7(P DELETE TITLE 3 1 11TLF Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 16 PALM BEACH, FL 33408 CITY-ST-ZIP 3.4. CHY-\$1-7IP DELETE TITLE ☐ Change Addition 4.1 NILE NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 THILE Change Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change 6.1 TITLE Addition 6000025437**1**6 NAME 6.2 NAME -06/02/98--01006**--022** STREET ADDRESS 6.3 STREET ADDRESS ***158.75 CITY-ST-ZIP 6.4 CITY - S1 - 7IP

14. Thereby certify that the information supplied with the stiling 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 attachined with an adverse.