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

Block 12 or Block 13 if ch

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 P97000046887 (0) DOCUMENT # CHARLES A. HEARN, P.A. Principal Place of Business Mailing Address 13480 NE 6 AVE #111 13480 NE 6 AVE #111 NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/27/1997 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 Trust Fund Contribution Added to Fees 23 28 Žip Country Country This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Yes □ No 24 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HEARN, CHARLES A 13480 NE 6 AVE #111 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33161 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or protect nee e of registion diagrest and title diapplicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE .1.1 TITLE ESIDENT NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CHTY-ST-ZIP TITLE DELETE 311011 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7(P DELFTE Change ☐ Addition TITLE 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-7iP DELETE Change ___ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-ST-ZIP 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 goport 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

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