

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000051621 (5)

1. Corporation Name  
FIRST FLORIDA ADMINISTRATORS, INC.

Principal Place of Business  
~~1001 N. W. 10TH ST.~~ 1521 WILSHIRE  
PEMBROKE PINES FL 33027 CIR. SO.

Mailing Address  
~~1001 N. W. 10TH ST.~~ 1521 WILSHIRE  
PEMBROKE PINES FL 33027 CIR. SO.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1521 WILSHIRE CIR. SO.  
22 Suite, Apt. #, etc.  
23 City & State PEMBROKE PINES FL  
24 Zip 33027 25 Country USA

Mailing Address  
26 1521 WILSHIRE CIR. SO.  
27 Suite, Apt. #, etc.  
28 City & State PEMBROKE PINES FL  
29 Zip 33027 30 Country USA

3. Date Incorporated or Qualified  
06/10/1997

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
BARTEL, STANLEY J  
19031 COLLINS AVE. - #2-113  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent  
81 Name BARTEL, STANLEY J.  
82 Street Address (P.O. Box Number is Not Acceptable)  
44 W. FLAGLER - #406  
83 MIAMI FL 33130  
84 City FL 85 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 Stanley J. Bartel  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & DIR. ELIZABETH ARNEN <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT & DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KAREN S. BARTEL 1521 WILSHIRE CIR. SO. PEMBROKE PINES FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT & DIR. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STANLEY J. BARTEL 44 W. FLAGLER - #406 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STANLEY J. BARTEL 44 W. FLAGLER - #406 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(NOTE: ALL PRIOR - REGISTERED DIRECTORS ARE DELETED) <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Stanley J. Bartel 4-28-98 305 874-8919

CR2E034 (10/97)