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

**PROFIT** FLORIDA DEPARTMENT OF STATE **FILED CORPORATION** Sandra B. Mortham May 08 1998 8:00 am ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State P97000054928 DOCUMENT # Mailing Address Principal Place of Business 1003 SE 17th street Fort Lauderdole FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 33316 2. Principal Place of Business 2a. Mailing Address Applied For 1003 SE 174 27 1003 SE 1 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 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. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 82 83 84 For 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 applications of Section 607.0505, Florida Statutes This Grubbstown
The of registered agent and life Lappil caule (NOTE Registered Agent signature required when reinstating) 1998 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President /Director DELETE TITLE 1.1 TITLE Change Addition t andostrum 1.2 NAME NAME 406 NE 121h 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST- ZIP Change ☐ Addition TITLE 2.1 THTLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST- ZIP DELETE ☐ Change Addition TITLE 3 1 7rTLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP □ DELETE 5.1.1111.6 TITLE NAME 5.2 NAME · 265/11 STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP 4000025245 F4 -05/15/98--01005--018 ☐ DELETE TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS \*\*\*158.75 CITY-ST-ZIP 6.4 CiTY - 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 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 of the receipt of Justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on a altrapment with an address. SIGNATURE: