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

FILED PROFIT Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** P97000062294 (8) LUING, INC. Principal Place of Business Mailing Address 7420 NORTHWEST 18TH STREET 7420 NORTHWEST 18TH STREET BOX 201 BOX 201 DO NOT WRITE IN THIS SPACE MARGATE FL 33063 MARGATE FL 33063 3. Date Incorporated or Qualified <u>07/18/1997</u> 2. Principal Place of Business Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıρ Country This corporation owes or has paid the current year latengible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 11. Pursuant to the provisions of Sections 607 0F02 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. Thereby accept the appointment as registered agent. Lam lamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when re-instating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME THOMSON, DAVID W 1.2 NAME 7420 NORTHWEST 18TH STREET, BOX 201 STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

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 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 Block 12 or Block 13 if changed, or on an attachment with an address

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

DAVID W. THOMSON 4/11/98

Change

Addition