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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS City-St-Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700064413 (2)

ASARCH FAMILY ENTERPRISES, INC.

Mailing Address Principal Place of Business C/O STEVEN J ASARCH PA C/O STEVEN J ASARCH PA 7777 GLADES ROAD STE 200 7777 GLADES ROAD STE 200 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Date Incorporated or Qualified 07/23/1997 Applied For 2a. Mailing Address 2. Principal Place of Business 65-07 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 Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name asarch, steven j 7777 GLADES ROAD STE 200 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** 83 84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature, typed or printed name of registerest age it as dit their applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition Change DELETE 1.1 TITLE TETLE ASARCH, STEVEN J 1.2 NAMI NAME 7140 LIONS HEAD LANE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIF 1.4 C(1Y - S1 - Z)F Change Addition DLLETE 2 1 TITLE TITLE ASARCH, GAIL M 2.2 NAME NAME 7140 LIONS HEAD LANE 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-Zif 3.4 CITY-ST-ZIF DELETE Change ☐ Addition TITLE 4171111 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - ST- ZIP DELETE Change Addition T(T) F 5.1301LE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP ___ Addition DELFTE Change 6.1 TITLE TITLE NAME 6.2 NAME

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 receiver or turned by owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an absolute of the corporation of the corporation of the receiver of turned appears in Block 13 if changed, or or or an absolute of the corporation of t

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Lawren T Acards 11-14 MD C7-1-1101-110

FILED

Apr 21 1998 8:00am

Secretary of State