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

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1998 98 JUL 30 PM 1: 11 P97000068645 (5) DOCUMENT # SHONETARY OF STATE ALLAHASSEE, FLORIDA ZUCKERMAN PORTOFINO, INC. Principal Place of Business Mailing Address 6650 NW 418T/STREET 6650 NW 41ST STREET Coral Springs fl 33067 CORAL SPRINGS FL 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 6351 SAN MICHEL 6351 SAN Not Applicable Suite, Apt. #, itc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing BEAUL DELRA. 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the ourrent year Intangible Personal Property Tax due June 30. Yes No 33464 33484 24 25 29 30 Personal Property Tax due June 30. □ No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name HODKIN, PETER M 210) WEST COMMERCIAL BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 4100** 83 FORT LAUDERDALE FL 33309 **B4** City Zip Code 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 Signature, typed or printed name of registered against and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change ZUCKERMAN, ANDREW NAME 1.2 NAME 6351 SAN MICHEL WAY DELRAY BEACH, FL 33484 6650 NW 41ST STREET STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33067** CITY - ST - ZIP 1.4 CHTY-ST-ZIP DELETE TITLE 2.1 TITLE Addition ZUCKERMAN, DAVID NAME 2.2 NAME 6650 NW 41ST STREET STREET ADDRESS 2.3 STREET ADDRESS 3 4484 **CORAL SPRINGS FL 33067** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 31 TITLE Addition NAME ZUCKERMAN, STEVEN 3.2 NAME 6351 SAN MICHEL WAY STREET ADDRESS 6650 NW 41ST STREET 3.3 STREET ADDRESS **CORAL SPRINGS FL 33067** BEACH FL 33434 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE 10000260**4**591---07/31/98-**-0**1094--025 ****150.0**0** ****150.0 NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS ****150.00 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE ☐ Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Chanc NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if chapter 607, each are attachment with an address.

6-30-98