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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000069513 (4)

FISHER-AMEN HARBOR, INC.

Principal Place of Business Mailing

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



3480 WEST BROWARD BLVD 3480 WEST BROWARD BLVD FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1997 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζ·p Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 **ALMERIA AVENUE** Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City 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 Signature, typed or printed name of registered agent and tille if applicable (NOT) - Registered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS PSTD DELETE Change Addition TITLE 1.1 TITLE THOMPSON, ALVIN D NAME 1.2 NAME 3480 WEST BROWARD BLVD STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP □ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME MALIF STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-ZIP DELETE __ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DFLETE ☐ Change Addition TITLE 6 5 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. 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.