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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074123

1. Corporation Name

PROFESSIONAL WOMEN'S INVESTMENT NETWORK

Principal Place of Business
C/O SALLY OKEN
5850 CAMINO DEL SOL #203
BOCA RATON, FL 33433

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
9/2/97

4. FEI Number
65-0777190
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GAIL MEDDOFF ESQ.
22842 EL DORADO DRIVE
BOCA RATON, FL 33433

10. Name and Address of New Registered Agent

81 Name: LESLIE REAMER
82 Street Address (P.O. Box Number is Not Acceptable)
2652 N.W. 46 ST.
83
84 City: BOCA RATON FL 85 Zip Code: 33434

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: Leslie Reamer — LESLIE REAMER — DATE: 5/22/98
(Signature and corporate name may be required when applicable) (NOTE: Registered Agent's signature required when name is changed)

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: SALLY OKEN
STREET ADDRESS: 5850 CAMINO DEL SOL #203
CITY-ST-ZIP: BOCA RATON, FL 33433
☐ DELETE

TITLE: TREASURER
NAME: LESLIE REAMER
STREET ADDRESS: 2652 N.W. 46 ST.
CITY-ST-ZIP: BOCA RATON, FL 33434
☐ DELETE

TITLE: SECRETARY
NAME: SUSAN BEIL
STREET ADDRESS: 7077 N.W. 87 AVENUE
CITY-ST-ZIP: PARKLAND, FL 33067
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

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***150.00

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☒ Addition

6-4
JR

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 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.

Leslie Reamer — LESLIE REAMER — 5/22/98

CR2E034 (10/97)