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

CORPORATION

Block 12 or Block 13 if changed, or on an atta

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FLORIDA DEPARTMENT OF STATE

Jan 29 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000077014 (3)

FILED

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JOSEPH E. ALTSCHUL, P.A. Principal Place of Business Mailing Address 2500 WESTON ROAD STE, 313 1112 WESTON HOAD STE 108 WESTON FL 33926- 3333 \ WESTON FL 33326 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 2500 Wei 21 Not Applicable Suite. Apt. #, etc. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be W67, 23 28 Trust Fund Contribution Added to Fees 33<u>33</u> Zip Country Country 8. This corporation owes or has paid the current year Intangible 3 333 30 24 25 29 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALTSCHUL, JOSEPH E 2500 WESTON ROAD STE. 313 Street Address (P.O. Box Number is Not Acceptable) WESTON FL 33326, 3 / 83 City 84 85 Zip Code FL 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 title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 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 TITLE ___ DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 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 Change Addition NAME 5.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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