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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

1. Corporation Name 2. Principal Place of Business 21

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham -

Secretary of State DIVISION OF CORPORATIONS

P97000082487 (4)

Principal Place of Business	Mailing Address
153 SE 1ST AVE.	153 SE 1ST AVE.
BOCA RATON FL 33432	BOCA RATON FL 33432

FILED Feb 19 1998 8:00am Secretary of State

REGAL LAND HOLDINGS, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1997 2a. Mailing Address Applied For 0782056 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEVINE, JEFFREY A 4000 N. FEDERAL HWY., STE. 201 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City 85 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. 27 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE ☐ Change TITLE NORMAN, JEFFREY H 1.2 NAME NAME 1011 DEL HARBOUR DR. 1.3 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP 1.4 CITY-ST-ZIP **X** Addition DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS rouse Point, FL 33064 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZIP Change DELETE TITLE 3.1 TITLE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-ZiP CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change __ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 subplemental annual proof is the 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 tustee 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.

1/2/19/ (A) 291-1040