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PROFIT CORPORATION ANNUAL REPORT

1998

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084465 (8)

JUDITH JACKSON CHORLOG, P.A.

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



3/23/98

Principal Place of Business 10940 SW 124TH STREET 10940 SW 124TH STREET MIAMI FL 33176 MIAMI FL 33178 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 12062 5W 117ct 65-0786942 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional М 5. Certificate of Status Desired Suite Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Miami Added to Fees Trust Fund Contribution ZiD Country Country 8. This corporation owes or has paid the current year intangible 33176 usA24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHORLOG, JUDITH J **10940 SW 124TH STREET** Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33176 83 84 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 furth, and accept the obligations of, Section 607.0505, Florida Statutes. 3/23/98 (NOTE Repistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition President TITLE CHORLOG, JUDITH J 1.2 NAME NAME 10940 SW 124 ST 10940 SW 124TH STREET 1.3 STREET ADDRESS STREET ADDRESS Miami FL 33176 **MIAMI FL 33176** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CUTY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE HAME 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 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 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 affectment with an address.