FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000087059 (6) RELOCATION NETWORK REALTY, CORP. Principal Place of Business Mailing Address 4200 ROYAL PALM AVE. 4200 ROYAL PALM AVE. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1997 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPILL, JOY B 9100 S. DADELAND BLVD., STE. 504 Street Address (P.O. Box Number is Not Acceptable) 82 MIAM! FL 33156 83 84 City Zip Code 85 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 trin if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETÉ Addition TITLE 1.1 TITLE ☐ Change SPILL, TOBY L E034 1.2 NAME 4200 ROYAL PALM AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 1.4 City-ST-ZiP DELETE TITLE 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 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME 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 **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ToL. L. Soill

6.2 NAME

6.3 STREET ADDRESS

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.