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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087077 (8)

EAP SOLUTIONS INCORPORATED

or trustee empo int with an addr

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O HAROLD S. BOFSHEVER 2455 EAST SUNRISE BLVD SUITE 917 C/O HAROLD S. BOFSHEVER 2455 EAST SUNRISE BLVD SUITE 917 FORT LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33304 3. Date Incorporated or Qualified 10/09/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 6 2041 2041 UNINERSITY DEVE 65-0788065 Not Applicable Suite, Apt. #, etc. DRIVE Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 5PLINGS, FL LORAL Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33071 450 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOFSHEVER, HAROLD S ESQ 2455 EAST SUNRISE BLVD SUITE 917 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33304 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. D DELETE Change Addition TITLE 1.1 TITLE CLEMENTS, SCOTT NAME 1.2 NAME **1842 BANYON CREEK CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETÉ Change Addition TITLE 2.1 TITLE NAME **2.2 NAME** 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information supplied with indicated on this annual report or surplemental a officer or director of the corporation of the recode Block 12 or Block 13 if changed, in on an attachm is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information under certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

CIGNATURE.

4-22-93 954-344-4343