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

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**FILED PROFIT** FLORIDA DEPARTMENT OF STATE Mar 11 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000087512 (4) WESTON CENTER, INC. Principal Place of Business Mailing Address 1304 SOUTHWEST 160 AVENUE 1304 SOUTHWEST 160 AVENUE SUITE 147 SUITE 147 SUNRISE FL 33326 SUNRISE FL 33326 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 84 11. Pursuant to the provisions Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent agent. I am familiar with ange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 05. Florida Statutes **SIGNATURE** r printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE EDELMAN, KENNETH NAME 1.2 NAME 1304 SOUTHWEST 160 AVENUE STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33326 CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE EDELMEN, DEBRA NAME 2.2 NAME 1304 SOUTHWEST 160 AVENUE STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL 33326 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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 anytorized 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 precise or fustee 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 any attactment with an address.

2.20.98