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PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

officer or director of the corporation or the received a substitution of the Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Feb 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088327 (6)

PARK AVENUE PREVIEWS, INC.

Principal Place of Business Mailing Address 1015 E SEMORAN BLVD SUITE 101 1015 E SEMORAN BLVD SUITE 101 CASSELBERRY FL 32707 CASSELBERRY FL 32707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 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 Name COZY, VIRGINIA E 1129 DAPPLED ELM LANE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 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, 1 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: Rog stored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12, 13. VIRGINIA IZ LOZY PROBLUP Change Addition DELETE 1.1 TITLE TITLE NAME 1.2 NAME 1129 DAPPLED ELM LAND STREET ADDRESS 1.3 STREET ADDRESS WINTER WISHINGS PLBLIDGE 1.4 CHY-ST-7/P CITY-ST-ZIP Addition DELETE ☐ Change TITLE 2.1 1/11/0 NAME 2.2 NAME STREET ADDRESS 23 STHEET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change Addition TITLE 31 111LF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7IP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY - \$1 - ZIP CITY-ST-ZIP DEFETE Change Addition TITLE 517IIIF NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELFTE Change Addition 6.1.10LE TITLE

> 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this hiling 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 supplied entral 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