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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700093500 (1)

ALDEM, INC.

Principal Place of Business Mailing Address C/O JONATHAN H. GREEN & ASSOCIATES. P.A. 799 BRICKELL PLAZA. SUITE 700 C/O JONATHAN H. GREEN & ASSOCIATES. P.A. 799 BRICKELL PLAZA. SUITE 700 MIAMI FL 33131-2816 MIAMI FL 33131-2816 2. Principal Place of Business 2a. Mailing Address

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1997 4. FEI Number Applied For 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GREEN, JONATHAN H JAMES M. GUEST, CPA., PA C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 15600 S.W. 288th Street. MIAMI FL 33131-2816 <u>Suite #310</u> Zip Code Homestead. FL 33033

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes orporation board of directors. I hereby accept the appointment as registered OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE ☐ Change Addition GREEN, JONATHAN H NAME 12 NAME 799 BRICKEL PLAZA, SUITE 700 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-2816 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for indicated on this annual report or Supplemental annual report is true and scor officer or director of the corporation or the receiver of trustee empowered to Block 12 or Block 13 if chapped for on an althornum type an address. e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information e and that my signature shall have the same legal effect as if made under eath; that I am an cute his eport as required by Chapter 607, Florida Statutes; and that it have appears in

SIGNATURE: