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

NAME

STREET ADDRESS

FILED Jun 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **19**98 P97000094960 (6) DOCUMENT # KEITH PARMENTER CERTIFIED ROLFER, L.M.T., P.A. Principal Place of Business Mailing Address 7301-A WEST PALMETTO PARK ROAD 7301-A WEST PALMETTO PARK ROAD SUITE 100-C SUITE 100-C DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 11/04/1997 2, Principal Place of Business 4. FFI Number 2a. Mailing Address Applied For 650711615 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 2mCountry 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. T Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROMANO, JAY F AURA LAW FIRM OF ROMANO & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 7300 WEST CAMINO REAL, SUITE 239 83 **BOCA RATON FL 33433 B4** Zip Code 33433 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. Howard SIGNATURE (NOTE Registered Agent a gnature required when reinstating) OF JOE RS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change TITLE 11 THILE Pulmetto Park Rd 1.2 NAME NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition TITLE 2.1 TIFLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 7 Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition 5.2 NAME NAME 5 3 STREFT ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP орициино Д Ghange DELETE TITLE 61 TITLE

6.2 NAME

14. Thereby 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 cocover 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 or tin attachment with an address.

6.3 STREET ADDRESS

-**0**6/18/98---01035--**-**025

*** 158.00