SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 NOV 16 AM 9: 07 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes_ 25 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code ons of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered and accept the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of, Section 607.0505, Florida Statutes. office or registered a SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (2/98)1 1 TITLE Change ☐ Addition TITLE NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE ☐ Change L. Addition TITLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS ****150.00 ****150.00 2 4 CHY-ST-ZIP CITY-ST-2IP DELETE ☐ Change 3.1 TITLE Addition TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 44 CITY-ST-ZIP DELETE Change ☐ Addition 5 I mule THILE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS (3TY-ST-ZIP 54 CITY-ST-ZIP DELETE Chapge Addition TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP g does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the port is true and accurate and that my signature shall have the same legal effect as if made bader oath, that stee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name apply an address. 14. I hereby certify that the information supplied with indicated on this annual report of suppliemental A SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

This Mailing. Mitast Jon's demine In privious mailings I attached a letter inducation that the Filing form has not received a new form was set with my initial remarkationent prequest which was returned because it was not an The resustation on T Was no I Sent in because I did not received the best fatiment package. I Call the department that I was informed that I Should Affiched. Letter inducting the mason but it was apparently gemoved. I Capid the Deft and was fold that The Company NIII be reinstated. Second I Enclosed All required documents including letter on my first mailing. Hank you for your fell.

Phone: 954-485-1100 * Fax: 954-485-0544 2331 N State Road 7 * Suite #120 * Lauderhill * Florida 33313