FILED ·FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000097320 (0) DOCUMENT # FITZGERALD DESIGNER BUILDER, INC. Principal Place of Business Malling Address 1225 SE 2ND AVE. 1225 SE 2ND AVE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/12/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-050 4233 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FITZGERALD, PATRICK 81 Name 1225 SE 2ND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 83 R4 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. I 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 Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITU Change Addition President NAME 1.2 NAME Patrick Fitzgerald STREET ADDRESS 1.3 STREET ADDRESS 1225 SE 2nd Avenue CITY-ST-ZIP 1.4 CITY-ST-ZIP Fort Lauderdale.FL Change ___ Addition THILE 21 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE MALAE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

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 supplieriental 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 Block 12 or Block 13 if changed, myon an attachment with an address.

SIGNATURE:

4998

954/164-6567