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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** Mar 19 1998 8:00am

| ,   | 1998  | DIVISION OF CO   |   | Secretar   | y of State  |
|---|---|--|---|--|---|
| POCU.   | MENT # P9700( GROUP, INC.                         |  |   |  |   |
| ALTON GROOT, MO.  |   |  |   | P OPRINCEN AND ACTUAL ARREST ROUGH SEALCH ROUGH  | RI DIAN BANK BANK KARK ANAN ARIK MAK                              |
| Principal Plan  | e of Business                                     | Mailing Address  |   |  |   |
| 2020 N.E. 16  |   | 2020 N.E. 163RD STREET   |   |  |   |
| SUITE 300 SUITE 300   |   |  | ***   | DO NOT WRITE   | IN THIS SPACE   |
| NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 3   |   |  | 33162   | 3. Date incorporated or Qualified  | IN THO OF AGE   |
|   |   | 1.00   |   | 11/26/1997   |   |
| 2. Principal P  | Place of Business                                 | 26. Mailing Address  | 10  | 4. FEI Number  | Applied For Not Applicable  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired   | \$8.75 Additional   |
| City & State  |   | City & State   |   | 1.5  | Fee Hequired  |
| 23  | le .  | City & State   | Pl  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be Added to Fees                                       |
| Zip   | Country   | Zip 224/2  | Country   | 8. This corporation owes or has pai  | d the current year Intengible                                     |
| 24  | 9. Name and Address of Curren                     |  | 10 USA  | Personal Property Tax due June  10. Name and Address of New Rec  |   |
| R1 Nama   |   |  |   |  |   |
| [ ]   |   |  |   | Scott Musiker is Not Acceptable  | e) 1 10   |
| SUITE 300   |   |  | 63  | 12/03 MWY  | 2000  |
| NOTITI MINMI DENOTI LE 33102  |   |  |   |  |   |
| St City M/AM/ FL   St Zig C   |   |  |   |  |   |
|   |   |  |   |  |   |
| 11. Pursuant to the provisions of Sections 697 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 fund accept the obligations of Section 607.0505, Florida Statutes. |   |  |   |  |   |
| SIGNATURE   | Signature, typed organised name of registered age |  | Registered Agent signature requ                       |  | ////90<br>DATE  |
| 12.   | OFFICERS AND                                      | D DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFIC   |   |
| TITLE<br>NAME   | PACSIDENT<br>SCOTT MICHA                          | DELETE   | 1.1 TITLE<br>1.2 NAME                                 |  | Change Addition   |
| STREET ADDRESS  | 80 2020 nz  | 1635   | 1.3 STREET ADDRESS                                    |  |   |
| CITY-ST-ZIP   | _ to do soma                                      | 163033462  | 1.4 CITY-ST-ZIP                                       |  |   |
| TITLE   |   | ☐ DELETE   | 2.1 TITLE   |  | ☐ Change ☐ Addition   |
| NAME<br>STREET ADDRESS  |   |  | 2.2 NAME<br>2.3 STREET ADDRESS                        |  |   |
| CITY-ST-ZIP   |   |  | 2.4 CITY-ST-ZIP                                       |  | ****  |
| TITLE   |   | DELETE   | 3.1 TITLE   |  | Change Addition   |
| NAME  |   |  | 3.2 NAME  |  |   |
| STREET ADDRESS<br>CITY-ST-ZIP   |   |  | 3.3 STREET ADDRESS 3.4. CITY+ST-ZIP                   |  |   |
| TITLE   |   | DELETE   | 4.1 TITLE   |  | ☐ Change ☐ Addition   |
| NAME  |   |  | 4. 2 NAME   |  |   |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRESS                                    |  |   |
| CITY-ST-ZIP<br>TITLE  |   | DELETE   | 4.4 City-St-ZiP<br>5.1 Title                          |  | Change Addition   |
| NAME  |   | _  | 5.2 NAME  |  |   |
| STREET ADDRESS  |   |  | 5.3 STREET ADDRESS                                    |  |   |
| CITY-ST-ZIP   | <u> </u>  | ☐ DELETE   | 5.4 CITY-ST-ZIP<br>6.1 TITLE                          |  | ☐ Change ☐ Addition   |
| TITLE<br>NAME   |   |  | 6.1 IIILE<br>6.2 NAME                                 |  | El Aresia El Sequini  |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS                                    |  |   |
| CITY-ST-2IP   | <u> </u>  |  | 6.4 CITY-ST-ZIP                                       |  |   |
| indicated   | on this annual report or supplied wi              | In this filing does not qualify for<br>annual report is true and accur | the exemption stated in<br>rate and that my signature | n Section 119.07(3)(i), Florida Statutes. If<br>ure shall have the same legal effect as if<br>pulsed by Chapter 607. Florida Statutes: a | urtner certify that the information made under oath; that I am an |

Block 12 or Block 13 if changed, or on arvattage

**SIGNATURE:** 

Scott MILLER