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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102508 (3)

EDWIN E. HIGHTOWER, JR., P.A.

FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3020 NW 33RD AVE. 2ND FL 3020 NW 33RD AVE. 2ND FL LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 15 PHOENETZA 65-0802785 Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired #402 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FL 23 28 ORAL GABLES Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 3134 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HIGHTOWER, EDWIN E JR. 3020 NW 33RD AVE, 2ND FL Ř2 Street Address (P.O. Box Number is Not Acceptable) LAUDERDALE LAKES FL 33311 83 84 City 85 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 Fiorida. 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Addition 1.1 TITLE HIGHTOWER, EDWIN E JR. NAME 1.2 NAME 15 PHOENETIA, #402 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change TITLE Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP TITLE DELETE ☐ Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. I hereby 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 of emplemental annual report is fue and accurate another my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corneration or the receiver of trustee employered 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 open attachment with an address.