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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name P97000106692 (1) KENNETH A. KNOX, P.A. Principal Place of Business Mailing Address ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33394 FT LAUDERDALE FL 33394 3. Date Incorporated or Qualified 2a. Mailing Address 12/19/1997 ONE FINANCIAL PLAZA 2. Principal Place of Business 4. FEI Number + Fes Applied For 21 Ste 2300 Applied For 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Ft. LAUDERDALE Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing F٤ \Box 28 Trust Fund Contribution Added to Fees Country Zip Country Zın 8. This corporation owes or has paid the current year Intangible 33394 25 USA 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KNOX, KENNETH A ONE FINANCIAL PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) #2300 83 FT LAUDERDALE FL 33394 City 84 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. Thereby accept the appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. 4-36-98 SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE KNOX, KENNETH A NAME 1.2 NAME ONE FINANCIAL PLAZA, SUITE 2300 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33394 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY-\$1-ZiP DELETE Change Addition TITLE 3111116 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 THILE ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE Addition 5.1 TITLE ☐ Change TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ■ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not quality 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 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, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-S1-7)P

HAY C.

Homo

5/26/98

954/847-4703

FILED

Jun 01 1998 8:00am

Secretary of State