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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107059 (2)

MIDN INVESTMENT SERVICES, INC.

**FILED** May 18 1998 8:00am Secretary of State



Mailing Address Principal Place of Business SUITE 10 - WHARFSIDE AT BOCA POINTE SUITE 10 - WHARFSIDE AT BOCA POINTE 6865 SOUTHWEST 18TH STREET 6965 SOUTHWEST 18TH STREET DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Date Incorporated or Qualified 12/22/1997 2. Principal Place of Business 2a. Mailing Address Applied For 05-0800440 Not Applicable 26 21 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 Trust Fund Contribution Added to Fees 23 26 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NAVILIO, FRANK SUITE 10 - WHARFSIDE AT BOCA POINTE Street Address (P.O. Box Number is Not Acceptable) 6865 SOUTHWEST 18TH STREET **BOCA RATON FL 33433** 84 Zip Code City 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 re, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE D 11 TITLE TITLE NAVILIO, DAN 1.2 NAME 764 RYDER ROAD 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 1.4 C TY - ST - ZIP DELETE Change Addition 21 TITLE TITLE NAVILIO, FRANK NAME 2600 HAMPTON BRIDGE ROAD 2.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-7IP 2.4 CITY - ST-ZIP DELETE Change ☐ Addition TITLE 3 1 TITLE KANE, KAREN M 32 NAME NAME 136 ISLE OF VENICE #4 3.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C TY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C TY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C TY-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 or suppliemental 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

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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