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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107193 (9)

STEPHEN J. PRESS, P.A.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



250 S. AUSTRALIAN AVE. #1504 250 S. AUSTRALIAN AVE. #1504 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number XX Applied For 1840 Forest Hill Blvd Suite, Apt. #, etc. 1840 Forest Hill Blvd 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 205 Suite 205 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be West Palm Beach, FL 23 West Palm Beach, FL Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 33406 USA 29 33406 USA Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRESS, STEPHEN J Stephen J. Press
Street Address (P.O. Box Number is Not Acceptable) 250 S. AUSTRALIAN AVE. #1504 82 WEST PALM BEACH FL 33401 1840 Forest Hill Blvd 83 Suite 205 84 West Palm Beach Zip Code 33406 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 with un 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. Stephen J. Press SIGNATURE name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITI F DELETÉ 11 TITLE Change PRESS, STEPHEN J NAME 1.2 NAME 831 WOODLAND AVE. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Channe Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 Block 12 or Block 13 if changes are attachment with an address.