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

FILED PROFIT May 20 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS P97000107469 (3) DOCUMENT #

1. Corporation Name RHINOCEROS ENTERPRISES, INC. Principal Place of Business Mailing Address C/O PHYLLIS V. KILEY C/O PHYLLIS V. KILEY 21550 CAMPO ALLEGRO DRIVE 21550 CAMPO ALLEGRO DRIVE **BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33433** 3. Date Incorporated or Qualified 12/22/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0803937 SAME Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Žip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes ☐ No 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KILEY, PHYLLIS V Name 21550 CAMPO ALLEGRO DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 City Zip Code 85 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** Signature, typod or printed name of registered agent and title if Applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE HEES LDENT TITLE 1.1 TITLE Change ☐ Addition PHYCUS V MILE mpo Actebro Drive NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CAT ON CITY-ST-ZIP 1.4 CH1Y - ST - ZIP DELETE Change Addition TIME 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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 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

CITY-ST-ZIP

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