

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90081 019 \*\*\*150.00

t. Corporation	MENT # P98000 Name EW ENTERPRISES, INC.	025087			
Principal Place	e of Business	Mailing Address		- 1 (98)(96) (40) (91) (81) (41) metri matri Antis Corto	11001 01111 00101 10111 1361 1361
1747 VAN BUREN STREET 1747 VAN BUREN STREET					
SUITE 950 SUITE 950					
		HOLLYWOOD FL 33020		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				03/18/1998	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0823032	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	:	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country ,	8. This corporation owes the current year Int	
24	25	29	0	Personal Property Tax.	☐ Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Addr 82 C 83 Mag	ress (P.O. Box Number is Not Acceptable).  83 Reach  Beach	
	•		84 City	FL	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 Florida Social 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, if registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, LAWRENCE E		1.2 NAME		
STREET ADDRESS	1747 VAN BUREN STREET		1.3 STREET ADDRESS		)
	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		ì
CITY-ST-ZIP		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
			2.3 STREET ADDRESS		
STREET ADDRESS			2. 4 CITY-ST-ZIP	•	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
		□ v	3.2 NAME	•	
NAME			•		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITLE		
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP		Change (7 Addition
πιΕ	į ·	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	,		5.3 STREET ADDRESS		1
CITY-ST-ZIP	· • • • • • • • • • • • • • • • • • • •		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	;		6.2 NAME		· ·

14. Hereby certify that the information supplied with this filing does not qualify to 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 filing does not qualify to 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 filing does not qualify to the exemption of the same legal effect as if made under oath; that I am an officer or director of the corporation or the fective of 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 or an affactment with an address with all other like empowered.

6.4 CITY-\$T-ZIP

SIGNATURE: :

REJ<del>UIRED</del> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-650. 5800

Daytime Phone #