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CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Jan 16 1998 8:00am Secretary of State

| M. H. JU | JHNSUN CUHP | | | | | | | | | | |
|--|---|-----------|--|---------------|----------|--------------|--------------|--|---------------|---------------------|--|
| Principal Place | of Business | Ma | iling Address | | | | | - | | 01011 (0 0 1 | |
| 3350 NW BOCA RATON BLVD | | | 3350 NW BOCA RATON BLVD | | | | | | | | |
| STE A28 | | | STE A26 | | | | | DO NOT WRITE IN THIS SPA | CE | | |
| BOCA RATON FL 33431 | | | BOCA RATON FL 33431 | | | | | 3. Date Incorporated or Qualified | | | |
| US | | US | | | | | | | | | |
| 9 Oringinal Pl | age of Punioses | 20 | Mailing Address | | | | | 09/20/1990 4, FEI Number | TIAn | plied For | |
| 2. Principal Place of Business | | | | | | | | 65-0225087 | | t Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | Additional | |
| 22 | | | 27 | | | | | 5. Certificate of Status Desired | Fee Re | | |
| City & State | | | City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | | 28 | | | | | Trust Fund Contribution | Added t | | |
| Zip | Country | L | Zip Count | | | | | 8. This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 | | | 30 | <u> </u> | | į | Personal Property Tax due June 30. Yes No | | | |
| | 9. Name and Address of Curren | l Regist | ered Agent | | ļ., | · :: | | 10. Name and Address of New Registered Age | nt | | |
| DIC | KENSON, DAVID B. | | | | 81 | Name |) | | | | |
| 980 N FEDERAL HWY | | | | | | Street | Addres | ss (P.O. Box Number is Not Acceptable) | | | |
| SUITE 410 | | | | | | | | | | | |
| BOCA RATON FL 33432 | | | | | | | | | | | |
| | | | | | 84 | City | | FL | 5 Zip (| Code | |
| 11 Purcuant t | o the provisions of Sections 607 0500 | and 🐔 | ▼ 1508 Florida Statu | tes the a | bove | -namer | d corpo | | anging it | s registered | |
| 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 register 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 register agent. I am familiar with fand accept the appointment as register. | | | | | | | | | registered | | |
| agent. I ar | | NIDNS DI | Dection out 0505 | iorida Sta | iutes | 3. | | 1// | ha | <i>til</i> | |
| SIGNATORE | Signatire, pried or printed hartie of registrou age | il and il | ADDITION OF THE PROPERTY OF TH | TF: Registere | d Age | ent signatur | re required | d when reinstating) DAT | J VI | <u> </u> | |
| 12. | OFFICERS AND | | TORS | 13. | J . 19. | | | ADDITIONS/CHANGES TO OFFICERS AND DI | RECTOR | IS IN 12 | |
| TITLE | P | 7 | DELETE | 1.1 Ti | TLE | | | | Change | Addition | |
| NAME | JOHNSON, HAROLD R. | | | 1.2 N | AME | | 1 | | | | |
| STREET ADDRESS | 3350 NW BOCA RATON BLVD | l | | 1.3 \$ | TREET | ADDRESS | 1 | | | | |
| CITY-ST-ZIP | BOCA RATON FL | | _ | 1.4 0 | ITY-S | T-21P | | | | | |
| TITLE | V | | LA OELETE | 2.1 TI | TLE. | | | | Change | ☐ Addition | |
| NAME | LIPMAN, MICHAEL R | | , , | 2.2 N | AME | | | | | | |
| STREET ADDRESS | 3350 NW BOCA RATON BLVD |) | | 2.3 \$ | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | BOCA RATON FL | | | 2.40 | CITY-S | ST-ZIP | | | | | |
| TITLE | | | DELETE | 3.1 11 | TLE | | Ī | | Change | ☐ Addition | |
| NAME | | | | 3.2 N | AME | | | | | } | |
| STREET ADDRESS | | | | 3.3 S | TREET | ADDRESS | | | | İ | |
| CITY-ST-ZIP | | | | 3.4. 0 | ITY-S | ST-ZIP | | | | | |
| TITLE | | | DELETE | 4.1 TI | TLE | | | Ц | Change | ☐ Addition | |
| NAME | | | | 4.21 | AME | | | | | | |
| STREET ADDRESS | | | | 4.3 S | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 C | ITY-S | T - ZIP | <u> </u> | | | | |
| TITLE | | | DELETE | 5.1 TI | TLE | | | Ц | Change | ☐ Addition | |
| NAME | | | | 5.2 N | | | | | | | |
| STREET ADDRESS | | | | 5.3 S | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | r-1 | | ITY-S | T-ZIP | | | Ohacii | 1 A A 1915 | |
| TITLE | | | DELETE | 6.1 T | | | | Ц | Change | ☐ Addition | |
| NAME | | | | 6.2 N | | | | | | | |
| STREET ADDRESS | | | | 6.3 S | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 6.4 C | ITY-S | T-ZIP | 1 | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 13 if changed, or on an attachment with mi address?

561 295-6665