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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S04351

(0)

AAA TV & ANTENNA SERVICE, INC.

Mailing Address

FILED Jan 26 1998 8:00am Secretary of State



1734 N MILITARY TRAIL 1734 N MILITARY TRAIL W PALM BEACH FL 33409 W PALM BEACH FL 33409 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 09/24/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0226655 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MANSFIELD, RONNIE D. 81 1734 N MILITARY TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 W PALM BEACH FL 33409 83 84 Zip Code FI

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE ☐ DELETE 1.1 TITLE Change Addition MANSFIELD, RONNIE D. NAME **1.2 NAME CR2E034** 1734 N MILITARY TRAIL STREET ADDRESS 1.3 STREET ADDRESS W PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE 2,2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIE 2. 4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 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 ☐ Change ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 trustate 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 on an attachment with an address.

SIGNATURE:

561-686-6637