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

PROFIT CORPORATION ANNUAL REPORT 1998 Principal Place of Business 6950 CYPRESS ROAD SUITE 103 PLANTATION FL 83317 2. Principal Place of Business 21 Suite, Apt. #, etc.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23 1998 8:00am Secretary of State

DOCUMENT # S19412 (3)H. DOUGLAS POWELL, P.A. Mailing Address 6950 CYPRESS ROAD SUITE 103 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1990 Applied For 2a. Mailing Address 4. FEI Number 59-3044168 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POWELL, H. DOUGLAS 6190 WOODLANDS BLVD #213 82 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33319 83 City 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. 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE POWELL, H. DOUGLAS NAME 1.2 NAME 6950 CYPRESS ROAD STE. 103 STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-SY-ZIP ☐ DELETÉ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition Chance TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-7IP CITY-ST-ZIP DELETE Change 5.1 TiTL€ ☐ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 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 it is port as required by planter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment y

2/17/08 954-791-8570