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FILED May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0) S23364 HERBERT COOPER COMPANIES, INC. Principal Place of Business Mailing Address 233 OLD MEADOW WAY 233 OLD MEADOW WAY DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Date Incorporated or Qualified 01/01/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0240066 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional X 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 Ζıp Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 26 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COOPER, HERBERT 233 OLD MEADOW WAY Street Address (P.O. Box Number is Not Acceptable) **B3** PALM BEACH GARDENS FL 33418 84 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, typod or printed name of registered agent and title if applicable CR2E034 (10/97 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition COOPER, HERBERT 1.2 NAME NAME 233 OLD MEADOW WAY 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition 21 TITLE TITLE. COOPER, GILA NAME 2.2 NAME 233 OLD MEADOW WAY STREET ADDRESS 2.3 STREET ADDRESS PLAM BEACH GARDENS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MALAF 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ■ Addition 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information adjusted on this annual report or supplieriental 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 or an attachment with an address.