FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8) AZAR - COONTZ, INC. Principal Place of Business Mailing Address 11370 TWELVE OAKS WAY 11370 TWELVE OAKS WAY NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0251095 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & Stale \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RIOE, PATRICK A 250 TEQUESTA DRIVE 82 SUITE 200 83 TEQUESTA PL 33469 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 boil) in the State of porda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farmer with, and accept the obtainings of section 607 0505. Florida Statutes. SIGNATURE (NOTE Registered Ager 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELFTE Change 1.1 TITLE COONTZ, MICHAEL NAME 1.2 NAME 11370 TWELVE OAKS WAY STREET ADDRESS 1.3 STREET ADDRESS N. PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DPVP TITLE DELETE Change 2.1 TITLE ☐ Addition AZAR, PATTY NAME 2.2 NAME 11370 TWELVE OAKS WAY STREET ADORESS 2.3 STREET ADDRESS N. PALM BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 DILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- 7IP 5.4 CITY - ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADORESS

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 supplies ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I em an officer or director of the convention or III-receiver or ussee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or many altachment with an address