FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1)HEMISPHERE REALTY, INC. Principal Place of Business Mailing Address 5728 MAJOR BLVD 5728 MAJOR BLVD ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3062824 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 601 Suite 601 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WINOKUR, RICHARD I. 5728 MAJOR BLVD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 **B3** City 84 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, typied 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. DELETE Change Addition THILE 1.1 TITLE WINOKUR, RICHARD I 1.2 NAME NAME **5728 MAJOR BLVD** STREET ADDRESS 1.3 STREET ADDRESS Suite 601 ORLANDO FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Channe WINOKUR, KIM O 2.2 NAME Suite 601 **5728 MAJOR BLVD** STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE CARROLL, FISHER 3.2 NAME Suite 601 5728 MAJOR BLVD. 3.3 STREET ADDRESS STREET ADDRESS Orlando fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE 5.2 NAME NAME 5.3 STREET ADDRESS

14. I 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 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 recoiver of trustee empowered the 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.

5.4 CITY - ST - ZIP

6.3 STREET AODRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE: RICHARD WINDKUR

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/24/98 (407) 345-1373

Change

☐ Addition

CR2E034