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

FILED Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S54342 (8) NICOLETTI DUFFY PONCY & EDWARDS, P.A. Principal Place of Business Mailing Address 317 10 ST WEST PALM BEACH FL 33401-3317 WEST PALM BEACH FL 33401-3317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0266098 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NICOLETTI, PAUL J. 317 10 ST 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401-3317 RI 84 City Zip Code 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 roge terest agent as if the it apply able (NOTE: Registered Agent a-gnature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NICOLETTI, PAUL J. NAME 1.2 NAME 317 10 ST STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33401-3317 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BLOCK, PHYLLIS S. NAME 22 NAME 317 TENTH ST. 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH. FL 33401-3317 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DUFFY, LAWRENCE NAME 3.2 NAME 317 TENTH ST. STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BCH. FL 33401-3317 CITY-ST-ZIP 3 4. CITY-ST-ZIP X DELETE Addition Change TITLE 4.1 TITLE KOHN, MICHELLE S. NAME 4. 2 NAME 317 TENTH ST. 4.3 STREET ADDRESS STREET ADDRESS WEST PALM BCH. FL 33401-3317 CiTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE PONCY, MARNIE RITCHIE NAME 52 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

317 TENTH STREET

317 TENTH ST.

14. Thereby certify that the information supplied s indicated on this annual report or very officer or director of the corporation or Block 12 or Block 13 if changed, or or

EDWARDS, MICHAEL C.

WST PALM BEACH FL 17

WEST PALM BEACH FL 33401-3317

with liss filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information tall andural report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an exertor trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in accumulate with an address.

DELETE

Change Addition