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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (7)S56596 HORKEY & ASSOCIATES, P.A. Principal Place of Business Mailing Address 5950 W OAKLAND PARK BLVD 5950 W OAKLAND PARK BLVD STE 310 STE 310 FT LAUDERDALE FL 33313-1260 FT LAUDERDALE FL 33313-1260 3. Date Incorporated or Qualified 05/28/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0266803 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HORKEY, FRANK 5950 W OAKLAND PARK BLVD Street Address (P.O. Box Number is Not Acceptable) STE 310 FT LAUDERDALE FL 33313 84 City

FILED Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

85 Zip Code

Not Applicable

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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) DATE							
12.	OFFICERS AND DIRECTORS		13.		/CHANGES TO OFFICE		C 1N1 40
TITLE	DPS DPS	DELETE	1.1 TITLE	ADDITIONS	MIANGES TO OFFICE	_ Change	Addition
NAME	HORKEY, FRANK J.		1.2 NAME			Onlings	L Addition
STREET ADDRESS	5950 W. OAKLAND PARK, STE. 310		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP				
TITLE	AS	DELETE	2.1 TITLE			Change	Addition
NAME	HORKEY, DONNA	_ :	2.2 NAME				
STREET ADDRESS	5950 W OAKLAND PARK, STE. 310		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		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	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST- ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP		(C. C. 1) A		
14. Thereby 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 suppliemental 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FURE REQUIRED

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