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

FILED May 20 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)S66277 THE EZELL COMPANY Principal Place of Business Mailing Address 2601 S BAYSHORE DRIVE 2601 S BAYSHORE DRIVE **SUITE 1775 SUITE 1775** DO NOT WRITE IN THIS SPACE MIAMI FL 33133 MIAM! FL 33133 3. Date Incorporated or Qualified 07/15/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 4675 Ponce de 26 4675 Fore 65-0277468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 305 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Coral 23 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 EXELL, BOYCE F III 2601 S BAYSHORE DR 82 STE 1775 83 **MIAMI FL 33133** Zip Code 84 City 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 register, diagent and title if applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE EZELL, BOYCE F III NAME 1.2 NAME 2601 S. BAYSHORE DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE Change Addition 3.1 TITLE TITLE 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 DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

4/28/98

6.4 CiTY-ST-7/P

14. I hereby 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 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 oddress.

STREET ADDRESS

CITY-ST-7IP