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

**FILED** May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** S78583 (9)GARY IAN NESBITT, P.A. Principal Place of Business Mailing Address PICASSO TOWER - 9TH FLOOR PICASSO TOWER - 9TH FLOOR 2800 BISCAYNE BLVD. 2800 BISCAYNE BLVD. DO NOT WRITE IN THIS SPACE MIAMI FL \$3137 MIAM! FL 33137 3. Date Incorporated or Qualified 09/06/1991 2. Principal Place of Business 2s. Mailing Address Applied For 21 65:0283753 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes ☐ No 24 25 30 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **NESBITT, GARY IAN** 2800 BISCAYNE BLVD., 9TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 84 City 85 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE TITLE **NESBITT, GARY IAN** NAME 12 NAME CR2EG9 2800 BISCAYNE BLVD., 9TH FLOOR 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE Change NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP

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 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 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.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

STREET ADDRESS

GARY NESBITT

4/28/98 (305)573-2444

Change

Addition