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

PROFIT

SIGNATURE:

CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)S89700 DALE M. POSEY, A.S.L.A., P.A. Principal Place of Business Mailing Address 420 NE 11TH AVE 420 NE 11TH AVE FT LADUERDALE FL 33301 FT LADUERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1991 4. FEI Number 2. Principal Place of Busines Applied For 65-0299827 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes □ No 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Name SCHLEGEL, PAUL 540 E MCNAB RD 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33060 83 84 City Zip Code 85 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 DELETE 1.1 TITLE Change Addition NAME POSEY, DALE M. 1.2 NAME 400 NG 41TH AVE 1.3 STREET ADDRESS STREET ADDRESS FT-LAUDERDALE FI 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Chance 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 31 TITLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TIFLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE JITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 Lem 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 arbeats in Block 12 or Block 13 if chapged, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1998 8:00am