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FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V02991 (0)

1. Corporation Name
N.L. PROPERTIES, INC.

Principal Place of Business	Mailing Address
8333 W MCNAB RD SUITE 212 TAMARAC FL 33321 US	8333 W. MCNAB ROAD SUITE 212 TAMARAC FL 33321 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1991

4. FEI Number: 65-0339760 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 25156	26 P.O. BOX 25156
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 TAMARAC FL	City & State 28 TAMARAC FL
Zip 24 33320 — Country 25 US	Zip 29 33320 — Country 30 US

9. Name and Address of Current Registered Agent

ARABIAN, ROBERT A
8333 W. MCNAB ROAD
SUITE 212
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: HOCHBERG & DIRIENZO, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1975 E. SUNRISE BLVD.
83 SUITE 820
84 City: FT. LAUDERDALE FL 85 Zip Code 33304

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: Carolyn Hochberg CAROLYN HOCHBERG - SECRETARY 4-28-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ARABIAN, ROBERT A.	
STREET ADDRESS	8333 W MCNAB RD, SUITE 212	
CITY-ST-ZIP	TAMARAC FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. BOX 25156	
1.4 CITY-ST-ZIP	TAMARAC FL 33320 N/A	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	LS 6.15	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	600002575941 15	☐ Change ☐ Addition
6.2 NAME	-06/15/98--01096--014	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE