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

May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (0) HANDY SERVICES OF BOCA, INC. Principal Place of Business Mailing Address 228 NE 25 ST **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0313736 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zıp Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BLACK, KELLI 228 NE 25 ST Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 84 City 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. 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 Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE ☐ Change Addition NAME THOMSEN, CYNTHIA L. 1.2 NAME 228 NE 25 ST STREET ADDRESS 1.3 STREET ADORESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME THOMSEN, PETER C. 2.2 NAME 228 NE 25 ST 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 supplication arrival 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 IMBCorporation or The receiver of truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block of Its tranged, of un an alta hyper with an address.

SIGNATURE:

FILED