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

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DOCUMENT #

Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 EHRLICH & FREEDMAN, P.A. Principal Place of Business Mailing Address 3300 UNIVERSITY DRIVE 3300 UNIVERSITY DRIVE SUITE 501 SUITE 501 DO NOT WRITE IN THIS SPACE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified

FILED

Jan 15 1998 8:00am

Applied For

01/14/1992

4. FEI Number

Not Applicable 21 26 65-0308963 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EHRLICH, RICHARD % EHRLICH AND FREEDMAN, PA Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DRIVE, SUITE 501 83 CORAL SPRINGS FL 33065 Zip Code the above-named corporation submits this statement for the purpose of changing its registered horized by the corporation's bhard of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 60. office or regis SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ☐ DELETE 1.1 TITLE Change Addition FREEDMAN, FOREST NAME 1.2 NAME 3300 UNIVERSITY DRIVE, SUITE 501 STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE EHRLICH, RICHARD NAME 2.2 NAME STREET ADDRESS 3300 UNIVERSITY DRIVE, SUITE 501 2,3 STREET ADDRESS CORAL SPRINGS FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 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 filling 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 simulation 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 if the receiver or distance that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation in the receiver or distance that my name appears in Block 12 or Block 13 if the good or for an effective with an address.

SIGNATURE