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

CITY - ST - ZIP

Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) BETTY O'GRADY, INC. Principal Place of Business Mailing Address 1191 N FEDERAL HWY 1191 N FEDERAL HWY **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0334054 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 24 30 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GENTILELLO, KAREN 653 IBIS DRIVE Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33444** Zip Code 11. Pursuant to the provisions of Soctions 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 more of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE GENTILELLO, KAREN NAME 1.2 NAME 653 IBIS DRIVE STREET ADDRESS 1.3 STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIF 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-S1-ZIF DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. ÇITY-ST-ZIP CITY-ST-ZIE Change DELETE Addition THILE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$T-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

6.4 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 supplimental 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

4/14/98

561-365-1005

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