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

FILED Jan 27 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 #** V39560 (0)212 NORTH FEDERAL HIGHWAY, INC. Principal Place of Business Mailing Address 212 N FEDERAL HWY 212 N FEDERAL HWY POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1700 N. 1700 Na9 26 65-0338206 21 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FILINGS, INC. 3732 NW 16TH ST 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33311 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 Signature, typed or printed name 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. \_\_\_ DELETE Change Addition TITLE 1.1 TITLE ROTUNNO, VICKY NAME 1.2 NAME R2E034 212 N FEDERAL HWY STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TIYLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 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 DELETE Addition TITLE Change 5.1 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

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 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 report of 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 citanged, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

1.10 02