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

MIAMI FL

CITY-ST-ZIP

PROFIT Mar 02 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) KINGS ISLE RECREATION CORP. Principal Place of Business Mailing Address 700 N.W. 107 AVENUE 700 N.W. 107 AVENUE MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/15/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0462725 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the qurrent year Intangible Personal Property Tax due June 30. ☐ No 24 25 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WATSKY, MORRIS J. 700 N.W. 107 AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33172 83 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 (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition DC 1.1 TITLE Change TITLE MILLER, LEONARD NAME 1.2 NAME **700 NW 107 AVENUE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE D۷ 2.1 TITLE Change **BOLOTIN. IRVING** 2.2 NAME 700 NW 107 AVENUE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE SD 3.1 TITLE malcolm, Waynewight 700 N.W. 107 Ave COLE, ROBERT B. NAME 3.2 NAME **700 NW 107 AVENUE** STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME PEKOR, ALLAN J. 4. 2 NAME STREET ADDRESS **700 NW 107 AVENUE** 4.3 STREET ADDRESS MIAMI FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE Addition TITLE SIERRA, KATHLEEN E. 5.2 NAME NAME 700 NW 107 AVE STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 C(TY-ST-ZIP DELETE 61 TITLE Change Addition PD TITLE MILLER, STUART A. NAME 6.2 NAME STREET ADDRESS 700 NW 107 AVE 6.3 STREET ADDRESS

6.4 C(TY-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 annual report is type 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 trusted employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED