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

FILED May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0) MICHAEL KEHNERT & ASSOCIATES. INC. Principal Place of Business Mailing Address 9826 SCOTT MILL ROAD 9826 SCOTT MILL ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0014096 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEHNERT, MICHAEL F. -2009 N.W. 26 CT. 82 Street Address (P.O. Box Number is Not Acceptable) BOOA RATON FL 33434 Michael J Kehneri 83 9826 Scott Mill Rd lacksonville, TL 32257-**5**845 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 by both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of, Section 607.0505, Florida Statutes.

INCIDEDE KELLINETT Michele Kellnert SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE Change 1.1 TITLE TITLE KEHNERT, MICHAEL 1.2 NAME NAME 2899 N.W. 26 CT. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE KEHNERT, MICHELE T NAME 2.2 NAME **2899 NW 26TH COURT** 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. City - ST - ZiP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition

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 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 exemption of the corporation of the co officer or director of the corporation Block 12 or Block 13 if changed, ao4

61 THILE

62 NAME

63 STREET ADDRESS 64 CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP