FILE NOW: FILING FEE AFTER MAY 1 IS \$00

Apr 25 1997 8:00am PROFIT FLORIDA DEPARTOF STATE CORPORATION Secretary of State **ANNUAL REPORT** Sandra B. lam Secretary a 1997 DIVISION OF COATIONS POCUMENT # 511389 (9)CLADIS ENTERPRISES, INC. Principal Place of Business Mailing Address 1901 N.E. 4TH AVENUE C/O NICKOLAS CLADIS FT. LAUDERDALE FL 33304 1301 N.E. 4TH AVENUE C/O NICKOLAS CLADIS FT. LAUDERDALE FL 33304-11 3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1996 08/27/1976 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1689490 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country intry 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes 🔲 No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CLADIS, NICKOLAS 81 Name 1301 NORTHEAST FOURTH AVENUE FT. LAUDERDALE FL **B2** Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, thoove-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was author 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 lutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. (NOTE Regist Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN \$2 TITLE DELETE SECRETARY 1.TLE Change Addition KLADIS, NIKOLAS NAME O'NEILL JOHN 1.246 2001 N.E. 33RD AVENUE STREET ADDRESS 1 TREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP Ft. LAUDERDALE FL 1.4Y-S1-ZIP TITLE MITTERY DELETE Change 2.1LF Addition NAME 2 SMF STREET ADDRESS 2.3REFT ADDRESS CITY-ST-ZIP TITLE 2. HTY-ST-ZIP DELÉTE Change Addition ALA).(F 3.2.MF STREET ADDRESS 3.3 REET ADDRESS CITY-ST-ZIP 3.4. TY - ST - ZJP TITLE DELETE Addition 41 RF ☐ Change NAME 4.2 IME STREET ADDRESS 4.3 STEEL ADDRESS DITY-ST-ZIP 4.4 CV - ST - ZIP TITLE DELETE 5.1 T/Te Change Addilion NAME 5.2 NATE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CIY-ST-ZIP TITLE DELETE 6.1 TILE Change Addition NAME 62 NM STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 appears in Block 12 or #To k 13 if changed, or on applicationent with an address. 6.4 CITY - ST - ZIP

John O'neill

SIGNATURE:

FILED