SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1) 1. Corporation Name AFSM INTERNATIONAL, INC. Principal Place of Business Mailing Address 1342 COLONIAL BLVD 1342 COLONIAL BLVD DO NOT WRITE IN THIS SPACE FT MYERS FL 33907 FT MYERS FL 33907 3. Date Incorporated or Qualified 03/11/1982 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 59-1941188 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 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 Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HENAULT, DAVID 1342 COLONIAL BLVD. #25 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33907 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. DATE (NOTE: Registered Agent signature required when reinstating) (2/98)12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE CEO 1.1 TITLE DELETE Change Addition CR2E034 1.2 NAME NAME HENAULT, DAVID 1342 COLONIAL BLVD., #25 STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33907 1.4 CITY ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition John Shoeneward 230-1000-0 NAME KLEIN, REINHARD 2.2 NAME **TOUR DESCARTES,** 2.3 STREET ADDRESS STREET ADDRESS OAKDALE, MN 55128-3414 F-92066 PARIS FRANCE CITY-ST-ZIP 2.4 CITY-ST-ZIP TITL F DELETE 3.4 TITLE Addition NAME BRAUN, JOHN 3.2 NAME STREET ADDRESS P.O. BOX 958 (N/A) 3.3 STREET ADDRESS CITY-ST-ZIP VALLEY FORGE PA 19482 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Addition NAME GEUNTHER, RICHARD 4.2 NAME STREET ADDRESS P.O. **BOX** 500 (N/A) 4.3 STREET ADDRESS CITY-ST-ZIP BLUE BELL PA 19424 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE ☐ Change ☐ Addition NAME 6.2 NAME

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 receiver or 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 changed, or on an attachment with an address. TUPPAYITY HENDULT

6.9 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP