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

FILED Mar 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS F9400002690 (5) DOCUMENT # BARRY D. LUCHAK PROFESSIONAL CORPORATION Principal Place of Business Mailing Address 4716 - 51 AVENUE C/O THOMAS C. ROBERGE P.O. BOX 5116 ONE BEACH DR SE SUITE 220 DO NOT WRITE IN THIS SPACE LEDUC. ALBERTA CANADA T9E6L5 T9E6Y ST PETERSBURG FL 33701 3. Date Incorporated or Qualified 05/24/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 98-0122145 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30, ☐ Yes □ No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 ROBERGE, THOMAS C. ONE BEACH DR SE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 220** 83 ST. PETERSBURG FL 33701 84 City 85 Zip Code 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) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, DELETE Change Addition TITLE 1.1 TITLE LUCHAK, BARRY NAME 1.2 NAME **35 ALPAUGHCRES** STREET ADDRESS 1.3 STREET ADDRESS LEDUC AL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME LUCHAK, DONITA 22 NAME **35 ALPAUGHCRES** STREET ADDRESS 2.3 STREET ADDRESS LEDUC AL CITY - ST - ZIP 2.4 CITY+ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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 of the receiver or trusted 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.

CITY-ST-7IP

SIGNATURE