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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

1932 HOWELL BRANCH ROAD



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G89117 (7)

EXECUTECH REALTY CORP.

Mailing Address

P O BOX 941569 MAITLAND FL 32794-1569

FILED Jan 15 1998 8:00am Secretary of State



WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/27/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2393806 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MENDES, ELZA 1932 HOWELL BRANCH ROAD 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792 83 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DP DELETE TITLE 1.1 TITLE Change MENDES, ELZA NAME 1,2 NAME STREET ADDRESS 1932 HOWELL BRANCH ROAD 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 City-ST-ZIP TATLE DELETE 2.1 TITLE Спалде Addition MENDES, KATHRYN NAME 2.2 NAME 1932 HOWELL BRANCH ROAD STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL CITY - ST - ZIP 2 4 CITY-ST-ZIP ☐ DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 jeceiver of trustee enhowered 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 lary attachment with an address.

SIGNATURE:

WON.EQUIRED

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