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

Apr 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (0)M76765 ANDROSE, INC. Principal Place of Business Mailing Address 5502 HARBOUR CASTLE % MARCIA J. ANDERSON 5502 HARBOUR CASTLE DRIVE FT. MYERS FL 33907 FT. MYERS FL 33907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1988 2. Principal Place of Business 28. Mailing Address Applied For 21 26 65-0130901 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & Stato City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes □ No 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name andersen, marcia J. 5502 HARBOUR CASTLE DR 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33907 83 84 City B5 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 frame of registered agont and title if applicable DATE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE ☐ Addition ANDERSON, JAMES E. NAME 12 NAME CR2E034 5502 HARBOUR CASTLE DRIVE STREET ADDRESS 13 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 1.4 CHY-ST-7IP DELETE Addition Change THILE 2.1 TITLE ANDERSON, MARCIA J. NAME 2.2 NAME **5502 HARBOUR CASTLE DRIVE** STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL CITY-S1-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

FILED

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. SIGNATURE: Muriag. anderson Marcia J. Anderson 4/16/98

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

CITY-ST-ZIP