Note: Now Profit SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT QUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). NONPROFIT A.R. FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secritary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1998 98 NOV 30 PM 12: 03 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA EMINGTON Principal Place of Business Mailing Address 1633 S.W. 34th Street DO NOT WRITE IN THIS SPACE PALM CTY , FLORIDA 34990 3. Date Incorporated or Qualified 1985 2. Principal Place of Business SA Mailing Address 4. FE! Number Applied For PO BOX 2083 *59 - 2565269* 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State
PALM (:) City & State 6. Election Campaign Financing \$5.00 May Be GA. Cleveland 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible WhiteUSA US A 30*52*8 ☐ Yes □ No 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARK BENDER Street Address (P.O. Box Number is Not Acceptable) 7080 S.E. CONGRESS St. 83 120BE SOUND, FL. 33455-6016 84 City 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 (NOTE, Registered Agent signature required when reinstating) Signature, lyped or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition 1.1 TITLE TITLE MARK REMINGTON 1.2 NAME NAME POBON 2083 — 1225 DAY BREAK 1.3 STREET ADDRESS STREET ADDRESS Octoband, GA 30528 CITY-ST-ZIP 1.4 CITY-ST-ZIP Pres - Director WORD K REMINISTON DELETE 2.1 TITLE -12/03/93-0 H08200-095Addition TITLE NAME shudra k 2 2 NAME *****61.25 *****61.25 DAY SPEAK 70 BOX 2083 STREET ADDRESS 2.3 STREET ADDRESS Clevelnow, GA 30528 CITY-ST-ZIP 2 4 CITY-ST-ZIP Jec. Tres - Director ☐ DELETE ☐ Change Addition TITLE 3.1 TITLE Gane andrews 208 BoxHAM G. NAME 3 2 NAME STREET ODRESS 3.3 STREET ADDRESS JACKSONVILLE FL 30059 CITY-SY-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change □ Addition TITLE DIR MANK BENDER NAME 4.2 NAME 7080 S.E. Congres St. STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-2IP 14. Thereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustate empowered tolevective the 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. MARK REMINISTON

10-9-89

706-865-2736