FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS, 1996.5-1 N16510 DOCUMENT # EMPLOYABILITIES, INC. Mailing Address Principal Place of Business 2735 WHITNEY ROAD 2735 WHITNEY ROAD **CLEARWATER FL 34620 CLEARWATER FL 34620** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 08/25/1986 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2710084 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible taxunder s. 199.032, Country Zip Country Zio Yes V No 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ₿1 Name SOROTA, JOSEPH J., P.A. Street Address (P.O. Box Number is Not Acceptable) R2 28100 US 19 N 83 #504 **CLEARWATER FL 34621** Zip Code **B4** City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE SOROTA, JOSEPH J. JR. 1.2 NAME NAME 2201 PADDOCK CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL** 1,4 CITY-ST-ZIP CITY - ST - ZIP Change [] Addition DELETE 2.1 TITLE TITLE BOWMAN, GERALD J. 2.2 NAME NAME 10846 97TH STREET N. STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ___ Addition DELETE [T] Change 3.1 TITLE TITLE TITUS, GARY S. 3.2 NAME NAME 2023-C S. CAROLINA AVE. 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY - ST- 2IP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE SANDONATO, WILLIAM JR. 4. 2 NAME NAME 1856 BARCELONA DR. 4,3 STREET ADDRESS STREET ADDRESS **DUNEOIN FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITL F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 4/15/96 Dete

64 CITY-ST-ZIP

SIGNATURE:

CR2E037