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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000037358 (3)** 

FLEXIBILITY EXPERTS INTERNATIONAL, INC.

Principal Place of Business Mailing Address

2316 NW 42ND PLACE
GAINESVILLE FL 32605

Mailing Address

2316 NW 42ND PLACE
GAINESVILLE FL 32605

FILED Apr 13 1998 8:00am Secretary of State



GAINESVILLE	FL 32805	GAINESVILLE FL 32605		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/25/1997	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26				Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22		[27]			·	
City & State		City & State	<b>⊢</b> ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28] Zip	Count	ro/		
Zip	25	<b>⊢</b>	30	' 7	This corporation owes or has paid the corporation of the Personal Property Tax due June 30.	Yes No
24	g. Name and Address of Curre		30		10. Name and Address of New Registered	
				81 Name		
220 MCKENZIE AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
	NAMA CITY FL 32401		*	2 Street	Address (P.O. Box Number is Not Acceptable)	
· · · · · · · · · · · · · · · · · · ·	TOTAL CITY E DE TOT		Ì	3		
			<u> </u>			85 Zip Code
			•	4 City	. <b>F</b> !	L   65   ZIP COUR
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.						
office or re	egistered agent, or both, in the Stati m tamiliar with, and accept the oblic	e of Florida. Such change was a rations of, Section 607,0505. Flo	iuthorized irida Statul	by the corp es.	poration's board of directors. I hereby accept the ap	ppointment as registered
				gent signature	required when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE		☐ DELETE	1.1 TITL		P	Change Addition
NAME			1.2 NAM	E :	DAVID J STOPKE	
STREET ADDRESS				ET ADDRESS	2316 NW 42 PL Gainesville, FL. 32605	
CITY-ST-ZIP		DELETE			Gainesuille, PL. 32605	Change Addition
TITLE		☐ VELETE	2.1 TITL			C) Ottoribe C Happing
NAME			2.2 NAM			
STREET ADDRESS				ET ADDRESS	'	
CITY-ST-ZIP		DELETE	2. 4 CIT 3.1 TITL	r-ST-ZIP	36,000,000,000	☐ Change ☐ Addition
TITLE	<del></del>		3.2 NAM			
NAME CZDCET ADDDECC				ET ADDRESS		
STREET ADDRESS				r-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4.1 TITL			Change Addition
NAME			4. 2 NA	_		
STREET ADDRESS				ET ADDRESS	-	
CITY-ST-ZIP			•	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME			5.2 NAN	tE		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CITY	'-ST-ZIP		
TITLE			6.1 TITL	E		Change Addition
NAME			6.2 NAA	1E		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	'-ST-ZIP		
14. I hereby	certify that the information supplied	with this filing does not qualify for	or the exer	nption state	ed in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

I hereby 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 informatic indicated on this annual report or suppliemental 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 OF

3/00/10

(354) 394 . 0581 4431