## FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 26, 1999 8:00 am **PROFIT** FLORIDA DEPAR (MENT OF STATE Secretary of State CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 04-26-1999 90130 034 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # PA7000076306 33rd Street Bail Bonds, Inc Mailing Address Principal Place of Business 3001 W. 39th St. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed orlando, Fl. 32839 2. Principal Place of Business 4. FEI Nuniber Applied For 2a. Mailing Address Not Applicable )aut Same Suite, Ap. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifica e of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be $\Box$ Added to Fees Trust Fund Contribution 23 Country Count y 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent K. Von Waldrer Name Joseph sam-l Street Ad Iress (P.O. Box Number is Not Adceptable 39th St. 3001 500 Orlandost. 32839 laado 11. Pursuant to the profisions of Scotions 607 0502 and 607 1508, Florida Statutes, the above-named occupantion submits this statement for the purpose of changing its registered office or registered agent, or bo h, in the State of Florida. Such change was nuthorized by the corporation's board of circulors. I hereby accept the appointment as registered agent. am familiar with and accept the obligations of, Section 607, pp.05, Florida Statutes. 1291 tered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 11 TITLE Von Wa Quer DELETE Change Addition CR2E034 1.2 NAME 2843001 W. 39th St. 1.3 STREET ADDRESS STREET ADDRESS Orlando 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRLSS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDR ISS 3.4, CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDLESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 61 TITLE TITLE

14. 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 furthe certify that the information indicated on this annual report of 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 Charter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an outachment with an address with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

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3/29/99 407425-330