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

FILED PROFIT Mar 30 1998 8:00am FLORIDA DEPARTMENTOR STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000082770 (3) DOCUMENT # AABBACO SALES INC. Principal Place of Business Mailing Address 3038 SE DOMINICA TERRACE 3038 SE DOMINICA TERRACE STUART FL 34997 STUART FL 34997 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Addres Applied For DOMINICH TEAL 303F SE STU MUT Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred & State \$5.00 May Be 6. Election Campaign Financing ULLASI Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Z Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent O'DONNELL, BRIAN K 3038 SE DOMINICA TERRACE Street Address (P.O. Box Number is Not Acceptable) STUART FL 34997 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETÉ Change 1.1 TITLE Brow KoDane 4
3038 SE Dominica tarr. TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

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hental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.

6.4 CITY-ST-ZIP

14. Thereby certify that the information swall dwith this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplied ental 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

STREET ADDRESS

officer or director of the corporation Block 12 or Block 13 if changed,

CITY-ST-ZIF