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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** S81921 (6)LMN PRINTING CO., INC. Mailing Address Principal Place of Business 118 NORTH RIDGEWOOD AVENUE 118 NORTH RIDGEWOOD AVENUE EDGEWATER FL 32132 EDGEWATER FL 32132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3101910 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMALFITANO, NANETTE 1531 S RIVERSIDE DR 82 Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32132** 83 City Zip Code 85 FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE 1.1 TITLE Change TITLE AMALFITANO, NANETTE NAME 1.2 NAME 1531 S RIVERSIDE DR STREET ADDRESS 1.3 STREET ADDRESS EDGEWATER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Change TITLE 2.1 TITLE CARRO, MARY NAME 2.2 NAME 1718 S. RIVERSIDE DR. STREET ADDRESS 2.3 STREET ADDRESS EDGEWATER FL CTTY - S1 - ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing 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 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

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Applied For

Not Applicable