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

FILED Feb 17 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P95000031827 (5) ARVINE INCORPORATED Principal Place of Business Mailing Address 3916 ALAFAYA TRAIL 6557 HIDDEN BEACH CIRCLE ORLANDO FL ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3309689 Not Applicable 26 Suite Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{(p)}$ Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes 24 25 29 30 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name PATEL COX, CYRUS A 174 W. COMSTOCK AVE., SUITE 102 Street Address (P.O. Box Number is Not Acceptable) 3916 N. ALAFATA TRAIL 82 WINTER PARK FL 32789 63 84 City Zip Code 32826 ORLANDO 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGN CR2E034 (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1 1 TITLE PATEL, VYOMESH R 1.2 NAME NAME 6557 HIDDEN BEACH CIRCLE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME 43 STREET ADDRESS STREET ADDRESS 4.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE

6.2 NAME

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

6.3 STREET ADDRESS

Syonish. a. Patel . V. R. PATEL. SIGNATURE:

NAME

STREET ADDRESS CITY-ST-7IP

FEB 06, 1998

407-273 1390