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

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S40614 WHITNEY LEADERSHIP GROUP, INC. Principal Place of Business Mailing Address 4818 CORONADO PARKWAY 4818 CORONADO PARKWAY **CAPE CORAL FL 33904** CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 03/26/1991 2. Principal Place of Business Mailing Address Applied For 25. 21 65-0250432 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BREVOORT, RICHARD 4818 CORONADO PARKWAY Street Address (P.O. Box Number is Not Acceptable) 82 CAPE CORAL FL 33904 83 64 City Zip Code 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12 13. DFLETE Change Addition TITLE 117016 WHITNEY, RUSSELL NAME 1.2 NAME 4818 CORONADO PARKWAY STREET ADDRESS 1.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ■ Addition 2.1 TITLE TITLE NAME BREVOORT, RICHARD 2.2 NAME STREET ADDRESS 4818 CORONADO PARKWAY 23 STREET ADDRESS CAPE CORAL FL 2 4 CITY-ST-ZIP CITY-ST-ZIP OFLETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-2IP TITLE DELETE 4 1 TITLE Change ☐ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5 4 City - ST - 21P DELETE Change Addition TATLE 6 1 7(T) F

> 6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby cortify 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 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 of the receiver or trustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on an attachment with an address

FILED