2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 212751 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name AZTEC DEVELOPMENT CO. 04-21-2000 90149 004 ***158.75 Principal Place of Business Mailing Address P O BOX 3348 1331 W. CENTRAL BLVD. ORLANDO FL 32805 ORLANDO FL 32802-3348 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1472446 Not Applicable Country Country \$8.75 Additional Zip [2] 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEAL, TROY M JR Street Address (P.O. Box Number is Not Acceptable) 1331 W CENTRAL AVENUE ORLANDO FL 32805 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \square (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. STD ☐ Addition TITLE ☐ Delete TITLE FOX, STEPHEN M. NAME NAME 1331 W. CENTRAL BLVD. STREET ADDRESS STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE DEAL, TROY M. JR. NAME NAME 1331 W. CENTRAL BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE BURNHAM, RONALD D NAME NAME 1331 W CENTRAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Detete TITLE TITLE NAME

I 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 further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Stephen M. Fox, Secretary/Treasurer

4/14/00

407-849-6420