FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (1)314590 SISORO, INC. Principal Place of Business Mailing Address 690 RANGE RD 220 KING STREET **COCOA FL 32926 COCOA FL 32922** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1967 2. Principal Place of Business 2a. Mailing Address Applied For 21 536 Peachtree Street 536 Peachtree Street 59-1209257 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Cocoa, FL Cocoa, FL 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 32922 USA 32922 USA X Yes ☐ No 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROWE, MORRIS A 1030 GRAY ROAD Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32926** 83 Zip Code 11. Pursuant to the provisions of Soctions 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. ☐ Addition DELETE Change TITLE 1 1 TITLE SKGYARTSEN, H C 1.2 NAME CR2E034 NAME STREET ACCRESS 1585 NEWFOUND HARBOR DR 1.3 STREET ADDRESS MERRITT ISLAND, FL 00000 CITY-ST-7IP 1.4 City-St-7iP X X DELETE . Addition Change TITLE 2.1 TITLE HAID, SUSAN E NAME 22 NAME 1072 GRAY ROAD 2.3 STREET ADDRESS STREET ADDRESS COCOA FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE ROWE. MORRIS A. 3.2 NAME NAME STREET ADDRESS 1030 GRAY ROAD 3.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE ADAMS, DOROTHY E 4. 2 NAME NAME 983 LONG MEADOW LN STREET ADDRESS 4.3 STREET ADDRESS MELBOURNE FL CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS

14. 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 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 changes. The properties of the properties o

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS 64 CITY-ST-ZIP

6 1 TITLE

DELETE

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADORESS

Morri#

April 15, 1998 (407)632-2600

Change

Addition