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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **333219** **(4)**

1. Corporation Name
BRASS & SCHNEIDER, INC.

Principal Place of Business
~~3655 MAGUIRE BLVD~~
~~STE 150~~
ORLANDO FL 32803
US

Mailing Address
P.O. BOX 1420
ORLANDO FL 32802-1420
US

3. Date Incorporated or Qualified: 07/31/1968
3a. Date of Last Report: 05/10/1996

2. Principal Place of Business
21 3203 Lawton Road
Suite, Apt. #, etc.
22 Suite 215
City & State
23 Orlando, FL
Zip 24 32802 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1217104 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~SCHNEIDER,ALVIN R~~
~~3655 MAGUIRE BLVD~~
~~STE 150~~
~~ORLANDO FL 32803~~

10. Name and Address of New Registered Agent
81 Name: Alvin R. Schneider
82 Street Address (P.O. Box Number is Not Acceptable): 3203 Lawton Road
83 Suite 215
84 City: Orlando FL 85 Zip Code: 32802

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 Alvin R. Schneider — 4/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SCHNEIDER, ALVIN R	1.2 NAME	Alvin R. Schneider
STREET ADDRESS	3655 MAGUIRE BLVD, STE 150	1.3 STREET ADDRESS	3203 Lawton Road Suite 215
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	S ☐ DELETE	2.1 TITLE	S ☒ Change ☐ Addition
NAME	SCHNEIDER,ALVIN R.	2.2 NAME	Alvin R. Schneider
STREET ADDRESS	2655 MAGUIRE BLVD., STE 150	2.3 STREET ADDRESS	3203 Lawton Road Suite 215
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	VP ☐ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	SCHNEIDER, SCOTT	3.2 NAME	Scott Schneider
STREET ADDRESS	3655 MAGUIRE BLVD STE 150	3.3 STREET ADDRESS	3203 Lawton Road Suite 215
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	VP ☐ DELETE	4.1 TITLE	VP ☒ Change ☐ Addition
NAME	MCDADE, EDWARD D	4.2 NAME	McDade, Edward D
STREET ADDRESS	3655 MAGUIRE BLVD STE 150	4.3 STREET ADDRESS	3203 Lawton Road Suite 215
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	ST ☐ DELETE	5.1 TITLE	ST ☒ Change ☐ Addition
NAME	SCHNEIDER, ANNE B	5.2 NAME	Anne B. Schneider
STREET ADDRESS	3655 MAGUIRE BLVD STE 150	5.3 STREET ADDRESS	3203 Lawton Road Suite 215
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Alvin R. Schneider — 4/22/97 — 407-8944400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #