FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jun 13 1996 8:00 am
Secretary of State

DOCUMENT # 416012 (3)

1. Corporation Name

DOME PREMIUM SERVICE COMPANY, INC.

Principal Place of Business: ~~472 OSCEOLA AVE. 6. JACKSONVILLE BCH FL 32250 US~~

Mailing Address: ~~P. O. BOX 51527 JACKSONVILLE BCH. FL 32240-1527 US~~

3. Date Incorporated or Qualified: 01/04/1973
3a. Date of Last Report: 05/10/1995

4. FEI Number: 59-1448065 ☐ 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

2. Principal Place of Business
21 2866 E.Oakland Pk Blvd
22 Suite, Apt. #, etc.
23 City & State: Ft.Lauderdale, FL
24 Zip: 33306
25 Country: USA

2a. Mailing Address
26 2866 E.Oakland Pk Blvd.
27 Suite, Apt. #, etc.
28 City & State: Ft.Lauderdale, FL
29 Zip: 33306
30 Country: USA

9. Name and Address of Current Registered Agent

THEALE, RUDY
~~34 ALHAMBRA ST.~~
~~PONTE VEDRA BEACH FL 32082~~

10. Name and Address of New Registered Agent

81 Name: Rudy Theale
82 Street Address (P.O. Box Number is Not Acceptable): 3333 NE 40th Street
83
84 City: Ft.Lauderdale, FL
85 Zip Code: 33308

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 ______ DATE ~~6/6/96~~

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	THEALE, RUDY	
STREET ADDRESS	~~34 ALHAMBRA ST.~~	
CITY-ST-ZIP	~~PONTE VEDRA BEACH FL~~	
TITLE	ST	☒ DELETE
NAME	~~KILL, JOHN~~	
STREET ADDRESS	~~1950 LAKE PARK DR., SUITE 110~~	
CITY-ST-ZIP	~~ATLANTA GA~~	
TITLE	C	☐ DELETE
NAME	OSSI, BEN	
STREET ADDRESS	6028 CHESTER AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Theale, Rudy	
1.3 STREET ADDRESS	3333 NE 40th Street	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
2.1 TITLE	ST	☒ Change ☐ Addition
2.2 NAME	Granese, Priscilla	
2.3 STREET ADDRESS	1800 Lake Park Drive, Ste. 100	
2.4 CITY-ST-ZIP	Smyrna, GA 30080	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 (Date) 770 432-2284 (Daytime Phone #)

CR2E034 (12/95)