FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS** 426013 **DOCUMENT #** Bobby VAN ENTERPRISES Principal Place of Business 2841 N OceAN BLUG 2841 N OCEAN & FT LAND, FKG 73308 FT, LAUD, FLO 33308 Apr 2008 APT 2008 3. Date Incorporated or Qualified 3a. Date of Last Report may 23 1973 2. Principal Place of Business 2a. Mailing Address Applied For 2841 N Ozenn Klun Suite, Apt. #, etc. 212841 N Ocenn Blud 5916039 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired APT 200 APT 2008 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 /2 / LAND Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199 032. U.S A 29 *33308* ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Robert KNUCCH: 81 Name 2841 N Ocean BLUL 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUD FLO 33308 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature: typed or proted non-eorney deep agent and their applicative. (NOS), fregistered Agent signature regimed when renotating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ROBERT VANUCCHI DELETE 1 1 TIPLE Change Addition APT 2008 1.2 NAME STREET ADDRESS 13 STREET ADDRESS CiTY-ST-ZIP FLAUL 14 OTY-\$1-ZIP TIFLE 2 1 TITLE Change nc:tibbA [NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY - ST - ZIP TITLE DELETE Addition 3 1 TIFLE ☐ Change NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CI1Y - \$1-ZIP TITLE DELETE [] Change 5 1 INTE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST. ZIP TITLE DELETE 6 1 TITLE . 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY - ST - 7:P 64 C/TY - ST - Z/P 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 eath, 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96 954-566 7686

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