FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE Apr 16, 1999 8:00 am CORPORATION **Katherine Harris** ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1999 04-16-1999 90077 014 ***150.00 DOCUMENT # 50 4 9.0 7 Principal Place of Business Mailing Address 221 JUPITER ST aan Jupiter ST UUPITER FL JUPITER FL 33458 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09 06 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible 24 25 30 VNo 29 Personal Property Tax. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HERLIHY, SAIRLEY S 11855 BRIDLE CT Name Street Address (P.O. Box Number is Not Acceptable) . 83 JUPITER FL 33418 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** Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition HERLIHY HUGH 11855 BRIDLE COURT NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Addition TITLE 2.1 TITLE ☐ Change HERLIAY SHIRLEY S. 17855 BRIDLE COURT VUPITER FL NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change STREET ADDRESS 3.3 STRÉET AODRESS CITY-ST-ZIF 3.4. CITY-\$T-ZIP ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIF ☐ DELETE ☐ Change ☐ Addition TITLE 51 TM F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE T DELETE Change Addition TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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

SIGNATURE:

561 146 2626