FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550_00 Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE PORATION Sandra B. Moi 🎥 **UAL REPORT** Secretary of State Secretary of Mate DIVISION OF CORPORATIONS 1998 RL9 Intent. # 99-1758083 DOCUMENT # CO., INC. Vero Beach, FL. DO NOT WRITE IN THIS SPACE d or Qualified 3. Date Incorp 2. Principal Place of Business 2a. Mailing A FEI Number Applied For Not Applicable Suite, Apt. #, etc \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) H80 5. Ocean Drive, 3-A Vero Beach, FL. 32963 вз Zip Code 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 (NOTE: Registered Agent signature required when reinstating 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHTY - ST - 7/P DELETE Change THILE 3.1 TITLE Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TIPLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - ST - 7:P TITLE DELETE 51 THLE Addition 5.2 NAML STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - \$1 - 7IP ☐ DELÉTE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP the exemption stated in Section 119.07(3)(1) 14. Thereby certify that the information supplied with this firing does not qualify for indicated on this annual report or supplemental annual report is true and accurate. port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an lice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: