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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

Corporation Name

545651

(2)

FILED
Apr 19 1996 8:00 am
Secretary of State



Principal Place of Business Mailing Address ZOM LEE OFFICE CENTER ZOM LEE OFFICE CENTER 2269 LEE ROAD 2269 LEE ROAD WINTER PARK FL 32789 WINTER PARK FL 32789 orated or Qualified 3a. Date of Last Rep 09/20/1977 04/24/1995 2. Principal Place of Business 2a. Mailing Address 4 Ef-I Number Applied For 59-1823097 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required Orty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199,032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZYDERVELD, JOOST P Street Address (P.O. Box Number is Not Acceptable) 2269 LEE ROAD WINTER PARK FL 32789 83 City 85 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 prectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (Not Englidered Agent signation (12/95) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 1.1 DOLE ZyDerveld, Foost P ZYDERVELD, JOOST P NAME 1.2 NAME CR2E034 2269 LEE ROAD STREET ADDRESS 1.3 STREET ADDRESS SAME WINTER PARK FL DEVETE TITLE 2 1 10 LE ☐ Change Addition BOSCHMANS, ERIC, F., J. NAME Patterson, Steven W. 2269 LEE RD 2269 Lee ROAL STREET ADDRESS 2.3 STREET ADDRESS WINTER PARK FL WINTER PARK FL 2.4 CiTY - ST - ZiP [T] DELETE TITLE Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C-TY - ST - ZiP 3 4 C+TY - ST - ZH* DELETE 4.1 1011.6 Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7(F DELETE Change 5 1 TITLE Addition NAME 5.2 NAME 900001788049 STREET ADDRESS 5.3 STREET ADDRESS -04/22/96--01019--002 CITY-ST-ZIP 5 4 CITY - ST - ZIP ***1461.25 TITLE DELETE 6 1 THILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this air fully report or supplicmental 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 corphiration on 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 trustment and trustment and address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 644 6300