FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 11 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **590300** **(0)**

1. Corporate Name

PLUS CORPORATION

Principal Place of Business

1221 NORTH FEDERAL HIGHWAY
LAKE WORTH FL 33460

Mailing Address

1221 NORTH FEDERAL HIGHWAY
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/18/1978	**04/26/1994**

2. Principal Place of Business	2a. Mailing Address
21 1221 N Federal Hwy	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Lake Worth, FL	28 City & State
24 33460 25 USA	29 Zip 30 Country

4. FEI Number: **59-1860551** — 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

7. This corporation has solicited contributions under s. 106.03, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ILMONEN, JUSSI **1221 N FEDERAL HWY** **LAKE WORTH FL 33460**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Jussi Ilmonen — 5/8 - 95
(If changing Registered Agent, Registered Agent must sign) (If Registered Agent is a corporation, the signature must be that of an officer or director of the corporation) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME ILMONEN, JUSSI STREET ADDRESS 1221 N. FEDERAL HWY. CITY-ST-ZIP LAKE WORTH FL	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ST NAME ILMONEN, MARIA STREET ADDRESS 1221 N FEDERAL HWY CITY-ST-ZIP LAKE WORTH FL	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I/We hereby certify that the information supplied with this filing is true, accurate and complete. I/We further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Jussi Ilmonen — 5/8 - 95 — 407-586 4044
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

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