FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

FILED Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 591651 (5) PEGASUS-WYVERN, INC. Principal Place of Business Mailing Address 2927 SHIPPING AVE. 2927 SHIPPING AVE. COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 <u>59-1860723</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible □ Ño 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAUMGARTNER, ANNE S. 2927 SHIPPING AVE. 82 Street Address (P.O. Box Number is Not Acceptable) COCONUT GROVE FL 33133 83 84 City 85 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE BAUMGARTNER, GARY LEE NAME 12 NAME 2927 SHIPPING AVE. STREET ADDRESS 1.3 STREET ADDRESS COCONUT GROVE FL CITY - ST - ZIP 1 4 CITY - ST - ZIP DELETE Addition Change TITLE PD 2.1 TITLE BAUMGARTNER, ANNE NAME 22 NAME 2927 SHIPPING AVE. 2.3 STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY - ST - ZIP 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 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 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.

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

JAN 7, 1998 (105) 446-6905 SIGNATURE:

Change

Addition