SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998
AMOUNT DUE ON DR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FROFIT

FILED CORPORATION Sandra B. Mortham Dec 10 1998 8:00 am ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # RAPANA M.A.P.A. Mailing Address Principal Place of Business SAME DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Country Country Zin 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. TO OFFICERS AND DIRECTORS IN 1 TITLE 11 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1 4 CITY-ST-ZIP CITY - ST - ZIP TITLE 2.1 TITLE Change 22 NAME NAME 1/10/98 -01054--027 2 3 STREET ADORESS STREET ADDRESS *****61.25 *****61.25 CITY - ST-ZIP 2 4 CITY-ST-ZIP Change Addition TITLE 3 1 TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change ☐ Addition NAME 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP City-St-ZIP DELETE 5 1 TITLE Addition TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition 61 TITLE ☐ Change TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I hereby certify that the supplied with this image 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 of 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 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 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 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 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 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 supplemental annual report is true and supplemental annual report is supplemental annual report is true. SIGNATURE:

FLORIDA DEPARTMENT OF STATE