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

FILED **PROFIT** Mar 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (6) NIBOR, INC. Principal Place of Business Mailing Address 112 DUNBRIDGE DRIVE 112 DUNBRIDGE DRIVE PALM HARBOR FL 34684 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1966257 21 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 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible □ No ☐ Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CASTANHEIRO, ANDREW 112 DUNBRIDGE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 PALM HARBOR, FL 83 City 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, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE ☐ Change 1.1 TITLE TITLE CASTANHEIRO, ANDREW 1.2 NAME NAME 112 DUNBRIDGE DRIVE 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE DΡ 2.1 TITLE DUQUESNAY, MARK 2.2 NAME NAME **4997 KILKENNEY WAY** 2.3 STREET ADDRESS STREET ADDRESS **OLDSMAR FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE Change TITLE DUQUESNAY, PAUL ROBIN 3.2 NAME NAME 4997 KILKENNEY WAY 3.3 STREET ADDRESS STREET ADDRESS OLDSMAR FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE HING, RICHARD NAME 4. 2 NAME 7450 S.W. 116TH ST. 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

RANDREW CASTANHEIRO

1-19-98

229-7304

Change

Addition