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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

FILED Mar 24 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State . DIVISION OF CORPORATIONS 1998 DOCUMENT # 669776 (7) LEE JAY COLLING & ASSOCIATES, P.A. Principal Place of Business Mailing Address 20 N. ORANGE AVE. 500 N. MAITLAND AVE. STE 203 SHITE 700 MAITLAND FL 32751 ORLANDO FL 32801-1641 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 500 N. Maitland Ave 21 59-2009846 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Suite 203 City & State City & State 6. Election Campaign Financing \$5.00 May Be Maitland, Trust Fund Contribution Added to Fees 23 Ζıp Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 25 32751 30 US 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COLLING, LEE JAY 500 N. MAITLAND AVE. 82 Street Address (P.O. Box Number is Not Acceptable) STE 203 83 MAITLAND FL 32751 84 City **B**5 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PDS DELETE [] Addition Change TITLE 1.1 TITLE COLLING, LEE JAY NAME 1.2 NAME 500 N. MAITLAND AVE., STE 203 STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL 1.4 CITY-ST-ZIP CITY - \$1 - 2IP DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TOTLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-S1-ZIP DELETE 4.1 THTLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE THILE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. Thereby cortify 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 supplicit or supplied to supplicit or supplied to supplied the supplied or supplied to supplied the supplied to supplied to supplied the supplied to supplied the supplied to supplied to supplied the supplied to supplied

DELETE

CR2E034

Change

407 599.9400

3/13/98

Addition