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

SIGNATURE:

FILED PROFIT Mar 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 678823 (6) THEFTHEROS, INC. Principal Place of Business Mailing Address 200 VENEZIA COURT 200 VENEZIA COURT **PUNTA GORDA FL 33950 PUNTA GORDA FL 33950** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1980 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1963241 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year intancible Personal Property Tax due June 30. Yes You've Country Country Zip ☐ Yes Personal Property Tax due June 30. 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name PROKOS, ANGELO 200 VENEZIA COURT Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** RA City Zip Code 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 privited name of registered agent and title if applicable (NOTE Registered Agent alguature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE PROKOS, GUS 12 NAME NAME 2755 W. MARION AVE. STREET ADDRESS 1.3 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2 1 TITLE KONTOS, GUS NAME 2.2 NAME 1400 AQUI ESTA STREET ADDRESS 2.3 STREET ADORESS **PUNT GORDA FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE PROKOS, ANGELO 3.2 NAME NAME 200 VENEZIA CT STREET ADDRESS 3 3 STREET ADDRESS **PUNT GORDA FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 in on an attachment with an address.