21       26       95-2270260       Inot A         Suite. Apt. #. etc.       Suite. Apt. #. etc. <th colspan="3">FILED May 13 1998 8:00ar Secretary of State</th> <th colspan="3">R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</th> <th colspan="2">NOW: FILING FEE AFTER PROFIT PORATION JAL REPORT 1998</th> <th>COR ANNU</th>	FILED May 13 1998 8:00ar Secretary of State			R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			NOW: FILING FEE AFTER PROFIT PORATION JAL REPORT 1998		COR ANNU
Phincipal Place of Business Mating Address ON BuRRACA OB DX 1170 COVINA CA 9722 DO NOT WRITE IN THIS SPACE OD NOT WRITE IN THIS SPACE DD NOT WRITE IN THIS SPACE 3. Date Incorporate of Qualified 11/25/1970 2. Principal Place of Business 2.a. Making Address 3. Exclinate of Status Desired 11/25/1970 2. Principal Place of Business 2.a. Making Address 2.a. Making Addre		an shake were analy analy and the	I TERTIFI JAKA KIADI AKHI ANARI KARA JAHI DI		*	(5)			
2. Principal Place of Business       2a. Mailing Address       4. FEI Number       Applie         Suite. Apt. 4, etc.       2ei       Suite. Apt. 4, etc.       5. State       6. Certificato of Status Desired       F8.75 Add         20       27       City & State       6. Certificato of Status Desired       F8.76 Add       Fe. Requires         21       27       Country       8. The Address       6. Certificato of Status Desired       F8.75 Add         20       Country       2ei       74       Country       8. The Address of Current Registered Agent       74       Country       8. The Address of New Registered Agent       10. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       11. Name       10. Name and Address of New Registered Agent       11. Name       10. Name and Address of New Registered Agent       11. Name       10. Name and Address of Coursent Registered Agent       11. Name       12. Name and Address of New Registered Agent       12. Name and Address of New Registered Agent       12. Name and Address of New Registered Agent       12. Name and Address of Coursent Registered Agent       12. Name and Address of New Re			Do Not Write In '			DO N BARRANCA O BOX 1170	e F	NCA	600 N BARRA PO BOX 1170
21       Suile. Apt. #, etc.       28       Suile. Apt. #, etc.									
Suite, Apt. #, etc.       Suite, Apt. #, etc.<	olied For Applicable	┝╼╍╋╼╍┶┶╼╼╸				Mailing Address	rا	ace of Business	
22	dditional	58.75 Addi	· · · · ·		<u></u>	Suite, Apt. #, etc.	*	N, etc.	Suite, Apt.
Zip       Country       2ip       <	May Be	\$5.00 May	6. Election Campaign Financing	<u></u>		City & State	27	)	
24       26       29       30       Personal Property Tax due June 30.       Yes       N         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         1200 S. PINE ISLAND ROAD PLANTATION FL 33324       61       Name       62       Street Address (P.O. Box Number is Not Acceptable)         64       City       FL       65       64       City       FL       65         64       City       FL       65       70 correction submits this statement for the purpose of changing list redigators of social of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing list redigators of correction submits the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Agent         SIGNATURE       Steamore the provisions of correction 607 0505. Florida Statutes.       10. Authore required when revetang)       DATE         12.       OFFICERS AND DIFECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II         14.       Stort R ALEXANDER       12 intit.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II         10.       COVINA, CA 00000       14 city: 51-20       Covina, CA 00000       Change         10.       Street Address       33 AVE M NW       23 street Address       Covina, CA 000000 <td></td> <td></td> <td></td> <td>y</td> <td>Count</td> <td>Zip</td> <td></td> <td>Co</td> <td></td>				y	Count	Zip		Co	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324       81       Name         82       Streat Address (P.O. Box Number is Not Acceptable)         83       84       City       FL       85       Zip Coc         85       Streat Address (P.O. Box Number is Not Acceptable)       FL       85         84       City       FL       85       Zip Coc         86       City       FL       85       Zip Coc         87       Streat Address (P.O. Box Number is Not Acceptable)       FL       85       Zip Coc         88       Signature.       Social of Provide Address (P.O. Box Number is Not Acceptable)       Changing its registered agent, or both, in the Stele of Florida Statutes.       Signature.       Interpolation and accept the obligations of. Social 607.0505, Florida Statutes.       Signature.       Interpolation and accept the obligations of. Social 607.0505, Florida Statutes.       Nate Registered agent or and accept the obligations of. Social 607.0505, Florida Statutes.       Signature.       DATE         12.       Of Florida Statutes       Interpolation and accept the obligations of. Social 607.0505, Florida Statutes. </td <td></td> <td>30. 🗌 Yes 🛄 No</td> <td>Personal Property Tax due June 30.</td> <td></td> <td>30</td> <td>ared &amp; cont</td> <td></td> <td></td> <td>4</td>		30. 🗌 Yes 🛄 No	Personal Property Tax due June 30.		30	ared & cont			4
PLANTATION FL 33324       a         Bit       Durber Address (F.S. Box Holinder's Not Address (F.S. Box Holinder's Holinder's Not Address (F.S. Box Holinder's Holinder	<u> </u>	igietoreo Agoni	IV. Halle and Address of New Heger	Name	8		SYSTEM	CORPORATION	
83         94       City       FL       85       Zip Coc         11. Pursuant to the provisions of Sochions 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont, 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 agont, 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 agont, or both, and accept the obligations of. Section 607.0505, Florida Statutes.         SIGNATURE       Signative: typed or predictions of registered agent and their / acutated.       (NOTE Registered agent, or predictions of Registered agent agent and their / acutated.       (NOTE Registered agent, or predictions. I hereby accept the appointment as registered agent, or predictions of registered agent, or both, and accept the obligations of. Section 607.0505, Florida Statutes.         SIGNATURE       OFFICERS AND DIFE CTORIS       13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II         NAKE       SCOTT R ALEXANDER       12. NME         STRET ADDRESS       G33 NORTH BARRANCA AVE       13. STRET ADDRESS         CITV-ST-7P       COVINA, CA 00000       14.CITV-ST-7P         ITILE       ST       0ELETE       21.TITLE         NAME       VERYLY D LUND       23.SIRET ADDRESS       COVINA, CA 00000         STRET ADDRESS       G33.NORTH BARRANCA AVE       3.SIRET ADRESS		ble)	s (P.O. Box Number is Not Acceptable)	Street Addre	8				
FL         II.       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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.         SIGNATURE         Signature, breed or prenetionane of registered agent and except the obligations of. Section 607.0505, Florida Statutes.         SIGNATURE         Signature, breed or prenetionane of registered agent agent and except the obligations of. Section 607.0505, Florida Statutes.         SIGNATURE         Signature, breed or prenetionane of registered agent	<u> </u>			;	8		754	MIANON FL 33	FU
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its reagent 1 am familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes.         SIGNATURE       Signature, typed or ported agent and of mostered agent and the obligations of, Section 607.0505, Fiorida Statutes.         12.       OF FICE RS AND DIFE CTORS       13.         ADDITIONS/CHANGES TO OFFICERS AND DIFE CTORS       11.         MAKE       SCOTT R ALEXANDER       12.         GIV-str-zip       DELETE       11.         TILE       COVINA, CA 00000       14. CITY-Str-zip         TILE       STREET ADDRESS       33. AVE M NW       23. STREET ADDRESS         GIV-str-zip       COVINA, CA 00000       14. CITY-Str-zip       Change         TILE       STREET ADDRESS       33. AVE M NW       23. STREET ADDRESS       City-str-zip         MAKE       STREET ADDRESS       33. AVE M NW       23. STREET ADDRESS       City-str-zip         TILE       D       DELETE       21. TITLE       Change         NAME       STREET ADDRESS       33. SORTH BARRANCA	ode	B5 Zip Code		City	8				
TILE       PD       DELETE       11 TILE       Change         NAME       SCOTT R ALEXANDER       12 NAME       12 NAME         STREET ADDRESS       633 NORTH BARRANCA AVE       1.3 STREET ADDRESS       1.3 STREET ADDRESS         CITY-ST-ZIP       COVINA, CA 00000       14 CITY-ST-ZIP       Change       Change         TITLE       ST       DELETE       21 TITLE       Change       Change         NAME       VERYLY D LUND       22 NAME       23 STREET ADDRESS       CITY-ST-ZIP       Change       Change         STREET ADDRESS       333 AVE M NW       23 STREET ADDRESS       CITY-ST-ZIP       Change       Change         VERYLY D LUND       24 CITY-ST-ZIP       DELETE       21 TITLE       Change       Change         NAME       VERYLY D LUND       24 CITY-ST-ZIP       24 CITY-ST-ZIP       Change       Change       Change         NAME       D       D       DELETE       31 TITLE       Change       Change       Change         NAME       R B CLARK       32 NAME       33 STREET ADDRESS       COVINA, CA 00000       34 CITY-ST-ZIP         TITLE       DELETE       DELETE       41 TITLE       Change       Change		DATE	when reinstating) D		NOTE Hogislared A	r appleatile (f	d name of registered agent and bill		SIGNATURE
STREET ADDRESS       633 NORTH BARRANCA AVE       1.3 STREET ADDRESS         CITY-ST-ZIP       COVINA, CA 00000       14 CITY-ST-ZIP         ITILE       ST       DELETE       21 TITLE         NAME       VERYLY D LUND       22 NAME         STREET ADDRESS       333 AVE M NW       23 STREET ADDRESS         CITY-ST-ZIP       WINTER HAVEN FL       24 CITY-ST-ZIP         TITLE       D       DELETE       31 TITLE         NAME       R B CLARK       32 NAME         STREET ADDRESS       633 NORTH BARRANCA AVE       33 STREET ADDRESS         CITY-ST-ZIP       COVINA, CA 00000       34 CITY-ST-ZIP         TITLE       D       33 STREET ADDRESS         G33 NORTH BARRANCA AVE       33 STREET ADDRESS         CITY-ST-ZIP       COVINA, CA 00000         TITLE       DELETE         TITLE       DELETE         STREET ADDRESS       G33 NORTH BARRANCA AVE         G1TY-ST-ZIP       COVINA, CA 00000       34 CITY-ST-ZIP         TITLE       DELETE       41 TITLE       Change	Addition							• =	TITLE
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