2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # F02000006159

1. Entity Name

AZIMUTH CORPORATION OF CENTRAL FLORIDA

FILED

Feb 23, 2004 8:00 am

Secretary of State

02-23-2004 90061 013 ***150.00

Mailing Address Principal Place of Business 3600 RIO VISTA AVE., STE. A 3600 RIO VISTA AVE., STE. A ORLANDO FL 32805 Adulatoo ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 84-0813594 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Delete MILLEY, ALEXANDER M NAME NAME 3600 RIO VISTA AVE., STE. A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZiP ☐ Addition ☐ Delete Change DOOLITTLE, DAVID M NAME NAME STREET ADDRESS 3600 RIO VISTA AVE., STE. A STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP PCCT TITLE **⊠** Delete TITLE ☐ Change Addition SARAH DELACUBA CRAWFORD, CAROL J NAME SUDO PLOVISTAAVE, STE.A STREET ADDRESS 3600 RIO VISTA AVE., STE. A STREET ADDRESS ORLANDO, FL 32805 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/F TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2116/04

(407) 849-0480