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

FILED Apr 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name (4)FRED W. FELDMANN, P.A. Principal Place of Business Mailing Address 1346 BROADWATER DR. 1346 BROADWATER DR. FT. MYERS FL 33919 FT. MYERS FL 33919 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 05/01/1981 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-2103787 Suite, Apt. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing ГП 23 Trust Fund Contribution Added to Fees Zφ Zιρ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** FELDMANN, FRED W. 1346 BROADWATER DR. 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33919 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name, of registered agent and little if applicable (NOTE_flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change NAME FELDMANN, FRED W 1.2 NAME CR2E034 1346 BROADWATER DR. STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CfTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE THILF 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 51 DILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY+ST-ZIP DELETE 6 1 TITLE Change Addition TITLE

14. Thereby 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 arrival report or supplemental airmal report is frue 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 conjunctation or the recover or trustate employeed 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.

6.3 STREET ADDRESS 64 CITY-ST-ZIP

62 NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

4.25.98