SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 16 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) 1. Corporation Name BEVERON, INC. Principal Place of Business Mailing Address 22 E NEW HAVEN AVE 1923 A1A MELBOURNE FL 32901 DO NOT WRITE IN THIS SPACE INDIAN HARBOUR BEHAC FL 32937 3. Date Incorporated or Qualified 04/07/1982 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-2178740 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 **Trust Fund Contribution** Added to Fees Ζip Country Country 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. X Yes No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ANDERSÓN, PATRICK J 930 S. HARBOR CITY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 50\$ 83 **MELBOURNE FL 32901** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signalute, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE ☐ Change ☐ Addition __ DELETE NAME COOK, RONALD E 1.2 NAME 1923 A1A D-5 STREET ADDRESS 1.3 STREET ADDRESS IND, HARBR BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition COOK, ANNE MARIE NAME 2.2 NAME 1923 A1A D-5 STREET ADDRESS 2.3 STREET ADDRESS INDIAN HARBOUR BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE __ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change TITLE DELETE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 innual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change Addition

CR2E034 (5/98