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May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 97000005282

1. Corporation Name: KERTUPIS COMPANY

Principal Place of Business

Mailing Address: 14417 Hellenic Dr # E8, TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 12108 56th Str N	26 19046 Bruce B Downs
Suite, Apt #, etc 22 # F3	Suite, Apt #, etc 27 # 129
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33617 Country 25	Zip 29 33647 Country 30

3. Date Incorporated or Qualified: 10/08/1997

4. FEI Number: 59-3474045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOROTA ZAPAL
19321-US Hwy 19 N # 601
Clearwater FL 33764

10. Name and Address of New Registered Agent

81 Name: Dorota Zapal
82 Street Address (P.O. Box Number is Not Acceptable): 19046 Bruce B Downs Blvd
83 # 129
84 City: TAMPA FL 85 Zip Code: 33647

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: [signature] reg. agent DATE: 04/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P / NAME: EGIDIJUS MACYS / STREET ADDRESS: 14417 Hellenic Dr # E8 / CITY-ST-ZIP: TAMPA FL 33613	☒ DELETE	1.1 TITLE: P / 1.2 NAME: EGIDIJUS MACYS / 1.3 STREET ADDRESS: 9481 Highlands Oak Dr # 710 / 1.4 CITY-ST-ZIP: TAMPA FL 33647	☒ Change ☐ Addition
TITLE: D / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE: Dir / 2.2 NAME: DAINORA MACIENE / 2.3 STREET ADDRESS: 9481 Highlands Oak Dr # 710 / 2.4 CITY-ST-ZIP: TAMPA FL 33647	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 04/29/98 813 988-1978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #