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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000005700 (6)

IN-SITU FIXATION, INC.

FILED Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address P.O. BOX 516 P.O. BOX 516 CHANDLER AZ 85244-0516 CHANDLER AZ 85244-0516 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 86-0723523 21 26 Not Applicable 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 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RIGHTMYER, LEE H BARNETT TOWER, ONE PROGRESS PLAZA Street Address (P.O. Box Number is Not Acceptable) 200 CENTRAL AVENUE, STE 2300 ST PETERSBURG FL 33701-4352 83 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE TITLE 1.1 TITLE Change ___ Addition MURRAY, RICHARD P NAME 12 NAME **CR2E034** 608 WEST SAN MARCOS DRIVE STREET ADDRESS 1.3 STREET ADDRESS CHANDLER AZ CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE 2.1 TITLE ☐ Change Addition TITTLEBAUM, MARTY E 2.2 NAME 6715 CANAL BLVD STREET ADDRESS 2.3 STREET ADDRESS **NEW ORLEANS LA** CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition STEVENS, JANICE K NAME 3.2 NAME 700 NORTH KAREN DRIVE STREET ADDRESS 3.3 STREET ADDRESS CHANDLER AZ CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CiTY-ST-ZiP DELETE TITLE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE Change 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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 annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addjess.

SIGNATURE:

Janice K. Stevens