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

PROFIT CORPORATION ANNUAL REPORT

1998

23

NAME

STREET ADDRESS

Zip



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVEU 98 JUL 15 PM 12: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # G4266

London International Group, Inc.

Country

Principal Place of Business Mailing Address 9600 Koger Boulevard 9600 Koger Boulevard Suite 225 Suite 225 St. Petersburg, FL 33702 St. Petersburg, FL US 33702 US 2, Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State

28

Zip

3. Date Incorporated or Qualified 06/08/1993 4. FEI Number Applied For Not Applicable 59-2318815 \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible □ No Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

29 24 25 30 9. Name and Address of Current Registered Agent 81 Name Greenway, Ian R. 9600 Koger Boulevard 82 Street Address (P.O. Box Number is Not Acceptable) Suite 225 83 St. Petersburg, FL 33702 84 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 a second the obligations of, Section 607.0505, Florida Statutes.

Country

Ian R. Greenway 7/9/98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME 2000<u>0</u>25**95582--**-07/22/98--01054--026 NAME Greenway, Ian R. STREET ADDRESS 1.3 STREET ADDRESS 9600 Koger Boulevard, Suite 225 St.Petersburg, FL 33702 CITY-ST-ZIP 1.4 CITY-ST-ZIP ****150.00. <u>****150.</u> TITLE 2.1 TITLE Change Addition Hayes, Ginger K NAME 2.2 NAME 9600 Koger Boulevard, Suite 225 STREET ADDRESS 23 STREET ADDRESS St. Petersburg, FL 33702 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TISLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE

CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 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 trustge 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 effection of the receiver or trustge 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 effection of the receiver or trustge 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 effection of the receiver or trustge 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 effection of the receiver or trustge 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 effection of the receiver or trustge 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 effection of the receiver or trustge 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 effective for the receiver or trustge 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 in the receiver of the receiver of the receiver or trustge empowered to execute the receiver of the receiver

6.2 NAME 6.3 STREET ADDRESS

2/9/01

Zip Code

85