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

FILED PROFIT May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G56662 (1)F. I. INTERNATIONAL, INC. Principal Place of Business Mailing Address 8191 N TAMIAMI TRAIL 8191 N TAMIAMI TRAIL **SUITE 100** SUITE 100 DO NOT WRITE IN THIS SPACE SARASOTA FL 34243 SARASOTA FL 34243 3. Date Incorporated or Qualified 08/18/1983 2a. Mailing Address 2. Principal Place of Business 4. FEI Numbe Applied For 59-2414501 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CIARAVELLA RONALD D. HALL ROBERT D 8191 N TAMIAMI TR SARASOTA FL 34243 ARASOT 1508, Fond Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered section 607.0505. Forida Statutes. 11. Pursuant to the provision SIGNATURE ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change TITLE DELETE 1 1 TITLE CIARA VELLA, RUNALD D. NAME HALL, ROBERT D 1.2 NAME RIGI N. TAMIAMI STREET ADDRESS 8191 N TAMIAMI TR 1.3 STREET ADDRESS 34243 SARASOTA, FL 0 SARASOTA, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 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 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZWP 4.4 CITY - ST-ZIP ☐ Change DELETE 5.1 TITLE ■ Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the Information supplied with his filling 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 supplied entire 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 controlled the controlled entire 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 chapted a popular attachment with an address.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition