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

STREET ADDRESS

CITY-ST-ZIP

FILED May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # G79210 NOMELCO, INC. Principal Place of Business Mailing Address 120 E. CONCORD ST 120 E. CONCORD ST ORLANDO FL 32801 ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1984 2. Principal Place of Business FEI Number 2a, Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 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 ZipCountry 8. This corporation owes or has paid the current year Intangible 24 25 29 □ No 30 Personal Property Tax due Jurie 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DRAVES, DONNA L 120 E. CONCORD STREET 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 84 City Zip Code 85 11. Pursuant to the provisions of Socious 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or perited name of registers diagont and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELE TE TITLE 1.1 TITLE CHANGS IRENG 80 BORDER STREET NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS EAST BOSTON MA 02428 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE ■ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 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 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 6.2 NAME

6.3 STREET ADDRESS

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 of 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 697, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.