FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham A ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** G96638 CORVETTE TECH, INC. Mailing Address Principal Place of Business C/O ARTHUR R. SIERZENGA C/O ARTHUR R. SIERZENGA 2000 S.O.B.T. 2000 S.O.B.T. DO NOT WRITE IN THIS SPACE ORLANDO FL 32805 ORLANDO FL 32805 3. Date Incorporated or Qualified 04/18/1984 Applied For 2. Principal Place of Business 2a. Mailing Address 59-2867552 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. Yes Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SIERZENGA, ARTHUR R. 2000 S ORANGE BLOSSOM TRAIL Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 В3 Zip Code 84 City 85 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 of 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 (NOT: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE SEIRZENGA, ARTHUR R. 1.2 NAME NAME 2000 S ORANGE BLOSSOM TRAIL 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 City-St-ZiP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 THILE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CiTY - ST - ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

STREET ADDRESS 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 truoped 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 empoyeded 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.