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

FLORIDA DEPARTMENT OF STATE

Mar 10 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) H00569 **DEDO MANUFACTURING CORPORATION** Principal Place of Business Mailing Address % DOUGLAS D. DEDO % DOUGLAS D. DEDO 1525 NORTH FLAGLER DRIVE 1525 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33401-3405 WEST PALM BEACH FL 33401-3406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1984 2. Principal Place of Business FEI Number Applied For 59-2413428 2401 PGA Blvd Sto 128 26 2401 NGA Blod. & Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible usA Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DEDO, DOUGLAS D. 1525 NORTH FLAGLER DRIVE Street Address (P.O. Box Number is Not Acceptable 240/ 164 AV 9 SP 82 WEST PALM BEACH FL 83 ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement/or the purpose of changing its registered in to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered applitude of State of Stat office or registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE DEDO, DOUGLAS D 1.2 NAME NAME 1525 N. FLAGLER DRIVE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE 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 3.1 7(7LE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-2IP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE ☐ Addition ☐ Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with his 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 supplied by the 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 on the property in trusted 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, SIGNATURE:

FILED