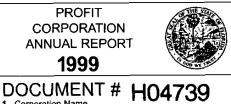
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90052 036 ***150.00

| SDE, INC | j. | | | | | | | | |
|---|---|----------------------------|---------------------------------|---------------|-----------------|---|---|---------------------|-------------------------|
| Principal Place | of Business | Mail | ing Address | | | | 4 100 1011 0111 0111 01011 10000 1111 01011 | . A1811 A1811 B1811 | 81917 F1611 FF61 |
| 16825 US 19 N HUDSON FL 34667 | | | P.O BOX 6194 HUDSON FL 34674 | | | | DO NOT WRITE IN TH | IS SPACE | |
| U\$ | | | US | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | | 05/22/1984 | | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number | Ap | plied For |
| | | | 26 | | | | 59-2410759 | No | t Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | \$8.75 | Additional |
| 22 | | | 27 | | | | 5. Certificate of Status Desired | Fee Ro | equired |
| City & State | | | City & State | | | | 6. Election Campaign Financing | | May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | | Zip Country | | | • | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No | | |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. | Yes | UNO |
| | 9. Name and Address o | f Current Registe | ered Agent | 8 | 4 | Nama | 10. Name and Address of New Registere | a Agent | |
| CVM | BATESE, DAVID A. | | | 0 | ' | Name | | | |
| 16825 US 19 N | | | 82 Str | | Street Addr | ess (P.O. Box Number is Not Acceptable) | | | |
| HUDSON FL 34667 | | | | | | | | | |
| | 0011 7 E 04007 | | | 8: | 1 | | | | |
| | | | | 8- | 4 | City | F | 85 Zip | Code |
| 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, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | registered egistered |
| SIGNATURE | Signature, typed or printed name of reg | istered agent and title if | applicable. (NOTE: I | Registered Ag | ent | signature require | d when reinstating) DATE | | |
| 12. | OFFIC | ERS AND DIREC | | 13. | _ | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | DPT | | ☐ DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | GAMBATESE, DAVID A. | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 16825 US 19 N | | | 1.3 STRE | ET/ | ADDRESS | | | ĺ |
| CITY-ST-ZIP | HUDSON FL | | | | 1.4 CITY-ST-ZIP | | | Change | Addition |
| TITLE | | | | 2.1 TITLE | | | | ☐ Criange | |
| NAME | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | | ☐ DELETE | 2. 4 CITY | | -ZIP | | Change | Addition |
| TITLE | | | □ OELETE | 3.1 TITLE | | | | | |
| NAME | | | | 3.2 NAME | | ADDDESS | | | |
| STREET ADDRESS | | | | 3.3.5 IRE | | ADDRESS 7 71D | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 4.1 TITLE | | -LIF | | Change | Addition |
| NAME | | | <u> </u> | 4. 2 NAM | | | | _ | Į |
| | | | | | | ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | 4.4 CITY- | | | | | } |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | | 5.2 NAME | Ξ | | | | |
| STREET ADDRESS | | | | 5.3 STRE | ET. | ADDRESS | | | |
| CITY-ST-ZIP - | | | | 5.4 CITY- | -ST | -ZIP | | |] |
| TITLE | | | □ DELETE | 6.1 TITLE | | | | Change | Addition |
| NAME | | | | 6.2 NAME | E | | | | |
| STREET ADDRESS | | | | 6.3 STRE | ET. | ADORESS | | | |
| CITY-ST-ZiP | | | | 6.4 CITY- | ST | -ZIP | <u></u> | | |
| , | | | | the even | ntic | on stated in | Section 119.07(3)(i). Florida Statutes, I further | cortify that the | information |

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID: A. GAMBATESE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 Date

727-869-9706