FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # SONDERMANN ENTERPRISES, INC. Principal Place of Business Maling Address 738 TOMOKA DR. 738 TOMOKA DR. PALM HARBOR FL 34683-5843 PALM HARBOR FL 34683-5843 3. Date Incorporated or Qualified 3a. Date of Last Report 05/21/1984 04/27/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2433062 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 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 Country 8. This corporation has liability for intagible tax under s 199.032. 24 29 29 30 Florida Statutes Yes JNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SONDERMANN, WILFRIED 82 Street Address (P.O. Box Number is Not Acceptable) 738 TOMOKA DRIVE PALM HARBOR FL 42578 83 Zip Code 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 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 obligations of, Section 607.0505, Florida Statutes. MANUAL Applit signature recurred when reinstating DATE (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1, 1 THE ☐ Change ☐ Addition SONDERMANN, WILFRIED NAME 1.2 NAME CR2E034 738 TOMOKA DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE TITLE 2. 1 TITLE Change Addition SONDERMANN, HELGARD NAME 2 2 NAME 738 TOMOKA DRIVE STREET ADDRESS 23 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change Addition 3 1 11H F NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3 4 CITY- \$1-7IP 900001822129 -05/15/96--01039--038 TT DELETE Addition TITLE 4 1 111LE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS ***200.00 CITY-ST-ZIP 4 4 CITY - S1 - 7)P TITLE [] DELETE 5 1 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7:P DELETE Change TITLE 6. 1 TITLE Addition NAME 52 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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.

SIGNATURE:

CITY-S1-ZIP

ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-96

Daytune Phone #

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