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

PROFIT Feb 10 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H33056 (3)AZDEK CORPORATION Principal Place of Business Mailing Address 190 IBIS DRIVE 190 IBIS DR **MELBOURNE BEACH FL 32951** MELBOURNE BCH FL 32951 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/07/1984 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 59-2480761 26 Not Applicable Suite. Ant #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WETZEL, MARGARET THOMAS 190 IBIS DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **MELBOURNE FL 32951** IB15 City Zip Code 32951 BEACH 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 bottle in the Sate of Morida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familia with, and accept the appointment as registered agent. DENEK THOMAS SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 S TITLE Change Addition THOMAS, DEREK NAME 12 NAME 190 IBIS DRIVE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE BCH FL CITY-ST-7IP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME WETZEL, MARGARET 2.2 NAME STREET ADDRESS 190 IBIS DRIVE 2.3 STREET ADDRESS MELBOURNE BCH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-\$T-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST- 7IP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITL€ ☐ Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 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 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 the an attachment with an add less.

FILED