FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 CUMENT # H36745 (8) AJRVIEW INVESTMENTS, INC. Principal Place of Business Mailing Address 2400 SANDLAKE RD. 2400 SANDLAKE ROAD ORLANDO FL 32809 ORLANDO FL 32809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/04/1985 Applied For 2a. Mailing Address 2. Principal Place of Business 4602 Parkway Commerce 4602 Parkway Commerce Not Applicable 26 59-2479808 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional M 5, Certificate of Status Desired Blud Fee Required \mathcal{B} Ivd. City & State \$5.00 May Be 6. Election Campaign Financing Orlando)rlando Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible 32808 37808 USA USA Personal Property Tax due June 30. ☐ Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARY, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 4602 PARKWAY Commerce 2400 SAND LAKE RD. 82 ORLANDO FL 32809 83 Zip Code 32808 ()rlando 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 amiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's greature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 11 TITLE KOSTANTINDIS, ANDREW 12 NAME NAME **AFRODITIS 2-4, PALEON FALIRON** 1.3 STREET ADDRESS STREET ADORESS ATHENS, GREECE 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME BRICKMAN, NEAL 22 NAME **60 E 42ND STREET** STREET ADDRESS 2.3 STREET ADDRESS NY NY CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE TSD TITLE CARY, CHRISTINE 3.2 NAME NAME 51 SPANISH OAK LANE 33 STREET ADDRESS STREET ADDRESS APOPKA FL 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TiTLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 61 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

64 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 suppliemental 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

4-22-98

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Block 12 or Block 13 if change

SIGNATURE: