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

FILED May 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)TREE SAVER INCORPORATED Principal Place of Business Mailing Address 911 N. RAILROAD AVE. 911 N. RAILROAD AVE. WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/03/1985 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2602221 26 Not Applicable Suite, Apl. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country Z_{1D} This corporation owes or has paid the curren □ No Personal Property Tax due June 30. 30 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CRONENWETT, DUANE SLATUR 911 N RAILROAD AVE ddress (P.O. Box Number is Not Acceptable) 82 #221 WEST PALM BCH FL 33401 BRAZILIAN 83 B4 PALM BEACH Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered plange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.05%, Florida Statutes. 11. Pursuant to the provision office or registered ager agent. I am familia with -31-98 ROBERT SIATIN SIGNATURE Registered Agent CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 MILE SHIRLE CRONENWETTS **CRONENWETT, DUANE** NAME 1.2 NAME 911 RAILROAD AVE 911 RAILROAD AVE 1.3 STREET ADDRESS STREET ADDRESS W PALM BCH FL WEST PAIM BEACH 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 21 TITLE Change TITLE **GOTTRFRIED, ROBERT** NAME 2.2 NAME 911 RAILROAD AVE 2.3 STREET ADDRESS STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

64 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 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