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

Feb 10 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # H89752 (0)SUTONE CORPORATION Principal Place of Business Mailing Address 1837 N. MILITARY TR., SUITE E 1937 N. MILITARY TR., SUITE E WEST PALM BCH, FL 33409 WEST PALM BCH. FL 33409-4763 3. Date Incorporated or Qualified 3a. Date of Last Report 12/12/1985 06/11/1996 2. Principal Place of Business 2a. Mailing Address 4. F£I Number Applied For 59-2608510 21 26 Not Applicable Sulte, Apt. #, etc. Suite, 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 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 ☐ Yes ☐ No 25 29 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REAGAN, SUSAN C. Reagon, Susan C, 582 TOCCOA ROAD SAME Street Address (P.O. Box Number is Not Acceptable) 82 Agent WEST PALM BEACH FL 33413 83 84 West Palm 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 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. **SIGNATURE** Signature, typod or printed home of registered agent and title if applicable (NQTE: Registered Agent signalure recoined when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition TITLE 111000 REAGAN, SUSAN C. Reagon Susan C. NAME 1.2 NAME 8716 Werdy Lane E. 582 TOCCOA RD. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL WIPIB. FIL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 2111111 Addition TITLE COHEN, LISA NAME 2.2 NAME 4777 SEA OATS CIR #104 STREET ADDRESS 2.3 STREET ADDRESS W PALM BOH FL CITY-ST-ZIP 2 4 CHY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAM6 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P DELFTE Change Addition TIFLE 4.1 1111.1 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 path; 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.

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