FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 23, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 04-23-1999 90103 026 ***150.00 DOCUMENT# mindipal Place of Business Mailing Address STNORTH BENEVA ROAD 501 NORTH BENEVA ROAD UNIT #616 DO NOT WRITE IN THIS SPACE SARASOTA FL 34232 DUGOTA FL 34232 3. Date incorporated or Qualifed 03/03/1986 4. FEI Number_ Principal Place of Business 2a. Mailing Address Applied For 3354 1 3354 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6, Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MANDELL BRAD S Street Address (P.O. Box Number is Not Acceptable) 501 NORHT BENEVA ROAD UNIT #616 83 SARASOTA FL 34232 Zip Code **3423** 1. 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. - ZO-5 (NOTE: Registered Agent signature requi name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change □ DELETE CD 1,1 TITLE MANDELL, SAUL 32 1.2 NAME 501 NORTH BENEVA ROAD, #616 1.3 STREET ADDRESS SARASOTA FL 4.4 CITY-ST-ZiP- T DELETE Change Addition 2.1 TITLE MANDELL, TODD 22 NAME 501 NORTH BENEVA ROAD, #616 2.3 STREET ADDRESS CL. ADDRESS SARASOTA FL 2 4 CITY-ST-ZIP v - ST - JIP Change DELETE ☐ Addition 3.1 TITLE MANDELL, EVELYN 3.2 NAME 501 NORTH BENEVA ROAD, #616 ILL: ADDRESS 3.3 STREET ADDRESS SARASOTA FL 3.4. CITY+ST-ZIP □ DELETE 4.1 TITLE Change Addition MANDELL, BRAD 4. 2 NAME 501 NORHT BENEVA ROAD, #616 4.3 STREET ADDRESS :III: ADDRESS SARASOTA FL 4.4 CITY-ST-ZIP Change DELETE ☐ Ageition 5.1 TITLE 5.2 NAME HOWARD, WENDY 5.3 STREET ADDRESS 501 NORTH BENEVA ROAD, #616 5.4 CITY-ST-ZIP SARASOTA FL DELETE 61 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 11 ADDFESS 6.4 CITY-ST-ZIP I nereby 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 on an attachment with an address, with all other like empowered

SNATURE.

IGO ONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-99 941366-2556