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

Feb 10 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** # (2) J21014 C S T, CORP. Principal Place of Business Mailing Address 301 FOREST AVE. 301 FOREST AVE. COCOA FL 32922 COCOA FL 32922 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1986 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-2694197 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year latangible Personal Property Tax due June 30. Yes No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name OSBORN, MARY L 301 FOREST AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32922** 83 84 City Zip Code 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 Honda. Such change was authorized by the corporation's board of directors. Flereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and the it apple able (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE 11 TITLE Change Addition TITLE OSBORN, MARY L 1.2 NAME NAME **301 FORREST AVE** 13 STREET ADDRESS STREET ADDRESS COCOA FL 32922 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 THTLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP T Change ☐ DELETE 61 TITLE Addition TITLE

**FILED** 

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62 NAME

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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 supplimental 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

NAME STREET ADDRESS

CITY-ST-ZIP

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