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Mar 25 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name J40341 (6)MICHAELS & MARKINGS. INC. Principal Place of Business Mailing Address C/O THE DIFFERENCE 2720 N. FORSYTH ROAD. SUITE 316 C/O THE DIFFERENCE 2720 N. FORSYTH ROAD, SUITE 316 WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32792 3. Date Incorporated or Qualified 10/30/1986 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 59-2825182 Not Applicable 26 Suite, 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 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MMKEAL, DAVID R. 1303 CONSTANTINE ST 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32825 83 Zip Code 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 Typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition MIKEAL, DAVID R. NAME 1.2 NAME 1303 CONSTANTINE ST. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY+ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME QUINN, EDWARD T. 2.2 NAME 1005 SUNSHINE LANE STREET ADDRESS 2.3 STREET ADDRESS ALTAMONTE SPRGS. FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 21P 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TOLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 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 CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 of 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, of unan attachment with an address.

ELORIDA DEPARTMENT DE STATE

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