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

FILED PROFIT Jan 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J44560 C H W INVESTMENTS, INC. Principal Place of Business Mailing Address 4341 FORTUNE PLACE 4341 FORTUNE PLACE MELBOURNE FL 32904 MELBOURNE FL 32904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/01/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2745374 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, ctc. \$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 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHRISTIANO, JOHN A. **4341 FORTUNE PLACE** 82 1 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32904** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME CHRISTIANO JOHN 1.2 NAME **4341 FORTUNE PLACE** STREET ADDRESS 1.3 STHEET ADDRESS **MELBOURNE FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 THLE NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition ☐ Change T(T) F 4.1 TITLE NAME 4. 2 NAME STREET ADDPESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 61 HTLF 700002406247 62 NAME NAME -01/21/98--01033--003

Block 12 or Block 13 if change

6.3 STREET ADDRESS

6.4 CHY+ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 on the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

***450.00

STREET ADDRESS

CITY-ST-ZIP