FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State 1996 DIVISION OF CORPORATIONS J50894 DOCUMENT # SISAO INTERPRIZES, INC. Principal Place of Business Mailing Address 204 LONGFELLOW DRIVE 204 LONGFELLOW DRIVE **LAKELAND FL 33801** LAKELAND FL 33801 3. Date Incorporated or Qualified 01/08/1987 3a. Date of Last Report 02/06/1995 2. Principal Place of Business 2a. Mailing Address 21 26 Applied For Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Country Added to Fees Country This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, RONALD C. 204 LONGFELLOW DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 63 84 Crty 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Zip Code Signature, types or printed manife of registered agent and offer if apply able (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) THE DELETE 1. 1 TITLE SMITH, RONALD C. NAM: ☐ Change Addition 204 LONGFELLOW DRIVE 1.2 NAME STEELT ADDRESS LAKELAND FL 1.3 STREET ADDRESS CHY ST ZP 14 CITY-ST-ZIP SHIP DELETE 2 1 TITLE NAME ☐ Change ☐ Addition 2.2 NAME STREET ABORDS 23 STREET ADDRESS CITY ST-210 24 CITY-ST ZIE THEF DELETE 3 1 TITLE NAME Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS Cr14 ST 7P 3.4 CITY-S1-ZIP 11.11 DELETE 4 1 TITLE NAME: ☐ Change ☐ Addition 4.2 NAME STRATE ADDRESS 4.3 STREET ADDRESS OTY-51-72 4 4 CITY - ST - ZIP HILLE DELETE 5.1 TIME NAME ☐ Change ☐ Addition 5.2 NAME 518: EL ADORESS 5.3 STREET ADDRESS 011 - 51 - 76 54 CITY - ST-ZIP THUE DELETE 6 1 TITLE NAME Change Addition 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS Oth St-Zir 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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

2-1-96 941-6885683

SIGNATURE: