FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (3) J64885 SEAHAWK PARTNERS, INC. Principal Place of Business Mailing Address 8438 SW 48TH AE. P.O. BOX 934 1385 S.W. SEAHAWK WAY DO NOT WRITE IN THIS SPACE PALM CITY FL 34980 PALM CITY FL 34991 US US 3. Date Incorporated or Qualified 04/01/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 278438 SW 48711 AVE PO BOX 934 59-2793345 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State PALM CIT City & State \$5.00 May Be 6. Election Campaign Financing PALM CITT FC-Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 34-991 US USA THY Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name arslan, Charles R. 8438 SW 48TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 83 84 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 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 applicab (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ARSLAN, CHARLES R. 1.2 NAME P.O. BOX 934 1.3 STREET ADDRESS

12. TITLE NAME STREET ADDRESS PALM CITY FL CITY - ST - ZIP 1.4 CITY-ST-ZIP 21 TITLE TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP Addition TITLE DELETE Change 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7P

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 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 attention with an address.

SIGNATURE:

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CHARLES R. AVISCAN