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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Mar 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (4) J94900 UPTIC, INC. Principal Place of Business Mailing Address OFFO-BAY-HILL BLVD ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/28/1987 26. Mailing Address
26. 7422 PINEMOUNT DC 2. Principal Place of Business 4. FEI Number Applied For 7422 Pinemount Dr 59-2852031 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required Of lando City & State 6. Election Campaign Financing \$5.00 May Be orlanda FU 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 32819 26 29 Personal Property Tax due June 30. Yes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 9170-BAY-HILL-BEVO- 7422 Street Address (P.O. Box Number is Not Acceptable) SUITE 103 83 ORLANDO FL 32819 84 City 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE ROWELL, TED, JR NAME 1.2 NAME -9124-BAY-HILL BEVO 7422 PinemounT STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE 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 Change Addition 6.1 TITLE

6.2 NAME

by IRA Kowell Jr. Kres

6.3 STREET ADDRESS

723/98

6.4 CITY - ST - ZIP 14. I hereby 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 frue 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 attachment with an address.

FILED