FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (5)MELENDI, GIBBONS & GARCIA, P.A. Principal Place of Business Mailing Address % JOSEPH E. MELENDI 408 E. MADISON ST. % JOSEPH E. MELENDI 408 E. MADISON ST. DO NOT WRITE IN THIS SPACE TAMPA FL 33602 **TAMPA FL 33802** 3. Date Incorporated or Qualified 12/22/1987 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 26 Not Applicable 59-2815928 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 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. Yes g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent A1 Name MELENDI, JOSEPH E. 408 E. MADISON ST. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THILE NAME MELENDI, JOSEPH E. 1.2 NAME STREET ADORESS 408 E. MADISON ST. 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition Chance TITLE 21 TITLE NAME MELENDI, JOSEPH E 2.2 NAME 408 E. MADISON ST. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Change Addition

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 true and occurate 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 Seiver 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 or an attachment with an address.

SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME

NAME STREET ADDRESS