SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Oct 01 1998 8:00am Secretary of State

| 1. Corporation | IMEN # K25390 | (1) | | | | |
|--------------------------|--|---|----------------------------|------------------------|--|---|
| GAZER(| D IRRIGATION, INC. | • | | | | |
| UALLU | o initiaarion, mo. | | | | 2 (48) \$111 \$28 (180) \$100 (\$100 (121) \$100) \$100 (\$100 (\$100) \$100 (\$100) \$100 (\$100) \$100 (\$100) | |
| | | | | | | |
| Principal Plac | ce of Business | Mailing Address | *** | | T CONTAIN DIE HOOF BIED HIND OURH OUN DIEN HOUT BIEN BIEN BYER DIEN FERS | |
| % WILLIAM GI | | % WILLIAM GREENBERG | | | | |
| 8892 152ND PLACE SOUTH | | 8892 152ND PLACE SOUTH | | | | |
| DELRAY BEAC | H FL 33446 | DELRAY BEACH FL 33448 | | | DO NOT WRITE IN THIS SPACE | 1 |
| | | | | | 3. Date Incorporated or Qualified | |
| 9 Dringing (| Diagn of Puninger | 2a. Mailing Address | | | 05/31/1988 4. FEI Number Applied For | |
| 2. Principal i | · n · | | | | 7 Applied 1 of | { |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 65-0061508 Not Applicable \$8.75 Additional | 1 |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required | |
| City & Sta | te | City & State | | | 6. Election Campaign Financing \$5.00 May Be | l |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees | ĺ |
| Zip | Country | Zip | Count | ry | 8. This corporation owes or has paid the current year Intangible | ĺ |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. Yes No | ĺ |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Registered Agent | 1 |
| GRE | Enberg, William | | 8 | 1 Name H | EATON, MARK | ĺ |
| | 2 152ND PLACE SOUTH | | 8 | | ress (P.O. Box Number is Not Acceptable) | ı |
| DEL | RAY BEACH FL 33446 | | | | 955 (P.O. Box Number is Not Acceptable) 892 , 152ND PLACE SOUTH | |
| | | | 8 | 3 | · | |
| | | | В | 4 City | B5 Zip Code | l |
| | · · · · · · · · · · · · · · · · · · · | | | | ELKAY SEACH FL 3446 | |
| 11. Pursuar office or | it to th e p rovisions of sections 607.050; regist ere d agent, or both, in the State | 2 and 607.1508, Florida Statutes of Florida. Such change was a | s, the abov uthorized t | e-named corporate | ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appoi ntm ent as registered | |
| agent. I | am lamiliar with, and accept the obliga | ations of, section 607.0505, Flo | rida Statut | es. | . | į |
| SIGNATURE | Signalure, typed or printed name of registered ager | on Mark H | · He | ATON, | PRES 9/28/98 Ulred when reinstaling) DATE | ĺ |
| 12. | · · · · · · · · · · · · · · · · · · · | D DIRECTORS | 13. | - Agent signature redu | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 3 |
| TITLE | P | DELETE 1. | | | Change Addition | ֓֞֞֝֞֞֜֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |
| NAME | HEATON, MARK | | | | Change Z Addition | |
| STREET ADDRESS | 8892 152ND PLACE SO. | | 1.3 STREET ADDRESS | | | (L |
| CITY-ST-ZIP | DELRAY BEACH FL | | | ST-ZIP | | |
| TITLE | S | DELETE 2.1 | | +- | Change Addition | • |
| NAME | GREENBERG, WILLIAM | V | 2.2 NAME | | | |
| STREET ADDRESS | 8892 152ND PLACE SO. | | 2.3 STREE | ET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | 2.4 CITY- | ST-ZIP | <i>Q</i> − − − − − − − − − − − − − − − − − − − | |
| TITLE | T | DELETE 3.1 | | | Change Addition | 1 |
| NAME | BATTAGLIA, BRIAN | | 3.2 NAME | : | | |
| STREET ADDRESS | 8892 152ND PLACE SO. | | | ET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | | ST-ZIP | | |
| TITLE | D | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | WEBSTER, RICHARD | • | 4.2 NAME | | | |
| STREET ADDRESS | 8892 152ND PLACE S | | | ET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BCH FL | | 4.4 CITY- | | | |
| TITLE | | L DELETE | 5.1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREE | ET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-5 | | | |
| TITLE | | | 6.1 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | 1 | | |
| STREET ADDRESS | | | | TADDRESS | | |
| CITY-ST-ZIP | adifuther the information curptical with | this films does not smaller for the | 6.4 CITY-S | | tion 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 attachment with an address.

ESTAN OLINAPINA HEATON

9/20/98