FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 08 1998 8:00am Secretary of State			
TRING	MENT # K413 AS ENTERPRISES INC.		(5)					
Principal Place of Business Mailing Address 29 N EGLIN PARKWAY 29 N EGLIN PARKWAY P O DRAWER 1327 P O DRAWER 1327 FORT WALTON BEACH FL 32549 FORT WALTON BEACH FL 3				FL 32549		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
Principal F	Place of Business	20. Ma	ilino Address			10/12/1988 4. FEI Number	T	Applied For
		26				59-2921182		Not Applicable
Suite, Apt.	l. #, etc.	27	le, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & Sta 3	ite	City 28	/ & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip 4	Country 25	Zip		Cou 30	niry	 This corporation owes or has pa Personal Property Tax due June 		ar Intangible
21		(29)						
29 F0	9. Name and Address of C RINGAS, JOHN J. 9 N EGLIN PARKWAY ORT WALTON BEACH FL 32	548			83 84 City	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptat	FL 85	Zip Code
29 FC II. Pursuant office or agent. I	NINGAS, JOHN J. N EQUN PARKWAY ORT WALTON BEACH FL 32 to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the	548 548 17 0502 and 607.1 2 State of Florida. Sobligations of, Se	508, Florida Statu Such change was ction 607.0505, F	ites, the a authorize lorida Sta	82 Street Add 83 	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptat poration submits this statement for the p tion's board of directors. I hereby acce	FL 85	•
29 FC 11. Pursuant office or agent. I SIGNATURE 12.	RINGAS, JOHN J. N EGLIN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the Signature, byped or profed name of regist	548 548 17 0502 and 607.1 2 State of Florida. Sobligations of, Se	508, Florida Stati Such change was chion 607.0505, F 4k.able (NC RS	ites, the a authorize lorida Stat TE Registere 13.	82 Street Add 83 . 84 City bove-named cor d by the corpora utes. d Agent signature requ	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptat poration submits this statement for the p tion's board of directors. I hereby acce	FL B5 purpose of chang pt the appointment DATE CERS AND DIREC	ing its registered nt as registered CTORS IN 12
29 FC 11. Pursuant office or agent. I to SIGNATURE 12. TITLE NAME STREET ADDRESS	INGAS, JOHN J. N EQUN PARKWAY DRT WALTON BEACH FL 32 I to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the Signature, byped or prefer hame of regist OFFICEF D TRINGAS, JOHN J. 29 N EQLIN PKWY	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu uch change was clion 607.0505, F	Ites, the a authorize lorida Stat 13. 1.1 Ti 1.2 N 1.3 S	82 Street Add 83 84 City bove-named cor d by the corpora utes. d Agent signature requ ILE AME IREET ADDRESS	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce	FL B5 purpose of chang pt the appointment DATE	ing its registered nt as registered
29 FC 11. Pursuant office or agent. I i SIGNATURE 12. 11. 11. SIGNATURE 12. 11. SIGNATURE 12. 11. STREET ADDRESS CITY-ST-2IP TIFLE	TRINGAS, JOHN J. N EGUN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the Signature, byped or protect name of regist OFFICEF D TRINGAS, JOHN J. ON ECH IN DEALW	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Stati Such change was chion 607.0505, F 4k.able (NC RS	Ites, the a authorize lorida Stat 13. 1.1 Ti 1.2 N 1.3 S	82 Street Add 83 84 City bove-named cor d by the corpora utes. d Agent signature requ ILE REET ADDRESS TY-ST-ZIP TLE	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce	FL B5 purpose of chang pt the appointment DATE CERS AND DIREC	ing its registered nt as registered STORS IN 12 inge Addition
29 FC 11. Pursuant office or agent. 1 i SIGNATURE 12. 11. SIGNATURE 12. 11. STREET ADDRESS CITY-ST-2IP ITTLE STREET ADDRESS	INGAS, JOHN J. N EQUIN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the Signature, lyped or protect name of regist OFFICEF D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F kkatve (NC RS DELETE	Ites, the ai authorize lorida Star 13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si	82 Street Add 83 84 City bove-named cord oby the corporative utes. d Agent signature requ ILE MME IREET ADDRESS TY-ST-ZIP TLE MME IREET ADDRESS	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce	DATE	ing its registered nt as registered STORS IN 12 inge Addition
29 FC 11. Pursuant office or agent. 1 of SIGNATURE 12. 11. SIGNATURE 12. 11. STREET ADDRESS CITY-ST-ZIP TITLE	INGAS, JOHN J. N EQUIN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the Signature, lyped or protect name of regist OFFICEF D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F kkatve (NC RS DELETE	Ites, the ai authorize lorida Star 13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si	Street Add S	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	ing its registered nt as registered TORS IN 12 Inge Addition
29 FC 11. Pursuant office or agent. 1 SIGNATURE 12. 11. SIGNATURE 12. 11. STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADORESS	INGAS, JOHN J. N EQUIN PARKWAY ORT WALTON BEACH FL 32 L to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the Signature, typed or protect name of regist OFFICEF D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F ik abie (NC RS DELETE	ttes, the ai authorize lorida Stat 13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si 2.4 Ci 3.1 Ti 3.2 N 3.3 Si	Street Add S	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC CERS AND DIREC	ing its registered as registered TORS IN 12 inge Addition ange Addition
29 FC 11. Pursuant office or agent. 1 is SIGNATURE 12. 11. SIGNATURE 12. 11. STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE NAME	INGAS, JOHN J. N EQUIN PARKWAY ORT WALTON BEACH FL 32 L to the provisions of Sections 66 registered agent, or both, in the am familiar with, and accept the Signature, typed or protect name of regist OFFICEF D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F ik abie (NC RS DELETE	ttes, the ai authorize lorida Stat 13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si 2.4 Ci 3.1 Ti 3.2 N 3.3 Si	82 Street Add 83 84 City bove-named cord oby the corporative utes. d Agent signature requ treet ADORESS TY-ST-ZIP TLE WAE IREET ADORESS ITY-ST-ZIP TLE AME IREET ADORESS ITY-ST-ZIP TLE AME IREET ADORESS ITY-ST-ZIP	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC CERS AND DIREC	ing its registered
29 FC 11. Pursuant office or agent. 1 SIGNATURE 12. 11. SIGNATURE 12. 11. STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME	INGAS, JOHN J. N EQUIN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the Signature, hyped or protect name of regist OFFICE,F D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F Matable (NC RS DELETE	ttes, the ai authorize lorida Stat <u>7E Registere</u> 13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si 2.4 Ci 3.1 Ti 3.2 N 3.3 Si 3.4 Ci 4.1 Ti 4.2 N	82 Street Add 83 . 84 City bove-named cord ord doent signature requires. . d Agent signature requires. . TLE . NME . IREET ADDRESS . ITY-ST-ZIP . TLE . MRE . IREET ADDRESS . ITY-ST-ZIP . TLE . MARE	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	Dele) FL B5 purpose of chang pt the appointment DATE CERS AND DIREC CRS AND DIREC CRS CRS CRS CRS CRS CRS CRS CRS CRS CR	ing its registered
29 FC	INGAS, JOHN J. N EQUIN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the Signature, hyped or protect name of regist OFFICE,F D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F it atuin (NC TS DELETE DELETE	Ites, the a authorize lorida Stat 18. 1.1 Ti 12 N 13 Si 14 C 2.1 Ti 22 N 2.3 Si 2.4 C 3.1 Ti 3.2 N 3.3 Si 3.4 C 4.1 Ti 4.2 N 4.3 Si 4.4 C	82 Street Add 83 . 84 City bove-named cord ord d oby the corporative requires. . d Agent signature requires. . TILE . MME . IREET ADDRESS . ITY-ST-ZIP . TLE . MRE	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	Dele) FL B5 purpose of chang pt the appointment DATE CERS AND DIREC	ing its registered at as registered TORS IN 12 inge Addition ange Addition
29 FC	INGAS, JOHN J. N EQUIN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the Signature, hyped or protect name of regist OFFICE,F D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F Matable (NC RS DELETE	Ites, the a authorize lorida Stat 13. 1.1 Ti 12 N 13 Si 14 C 2.1 Ti 22 N 2.3 S 2.4 C 3.1 Ti 32 N 3.3 S 3.4 C 4.1 Ti 4.2 N 4.3 S	82 Street Add 83 . 84 City bove-named cord ord 3 . 3 . 84 City bove-named cord ord 3 . 3 . 84 City bove-named cord ord 3 . 4 Apent signature requires 11LE . NME . IREET ADDRESS . ITY - ST - ZIP . TLE . NME . IREET ADDRESS . ITY - ST - ZIP . TLE . IAME . IREET ADDRESS . ITY - ST - ZIP . TLE . IREET ADDRESS . ITY - ST - ZIP . TLE .	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	Dele) FL B5 purpose of chang pt the appointment DATE CERS AND DIREC CRS AND DIREC CRS CRS CRS CRS CRS CRS CRS CRS CRS CR	ing its registered at as registered TORS IN 12 inge Addition ange Addition
29 FC	INGAS, JOHN J. N EQUN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 60 registered agent, or both, in the arm familiar with, and accept the Signature, byped or profind name of regist OFFICEF D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F it atuin (NC TS DELETE DELETE	tes, the al authorize lorida Stat TE Registere 13. 1.1 TI 12 N 1.3 Si 1.4 C 2.1 TI 2.2 N 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 3.4 C 5.1 TI 5.2 N 5.3 S	82 Street Add 83	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	Dele) FL B5 purpose of chang pt the appointment DATE CERS AND DIREC	ing its registered at as registered TORS IN 12 inge Addition ange Addition
29 FC	INGAS, JOHN J. N EQUN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 60 registered agent, or both, in the arm familiar with, and accept the Signature, byped or profind name of regist OFFICEF D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F it atuin (NC TS DELETE DELETE	tes, the al authorize lorida Stat TE Registere 13. 1.1 TI 12 N 1.3 Si 1.4 C 2.1 TI 2.2 N 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 3.4 C 5.1 TI 5.2 N 5.3 S	82 Street Add 83	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	Dele) FL B5 purpose of chang pt the appointment DATE CERS AND DIREC	ing its registered
29 FC 11. Pursuant office or agent. I is SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	INGAS, JOHN J. N EQUN PARKWAY ORT WALTON BEACH FL 32 I to the provisions of Sections 60 registered agent, or both, in the arm familiar with, and accept the Signature, byed or protections of tegst OFFICEF D TRINGAS, JOHN J. 29 N EQLIN PKWY FORT WALTON BEACH	2017 Part Registere 548 27.0502 and 607.1 2 State of Florida. S 2 obligations of, Se aread agent and tale if app 35 AND DIRECTOR	508, Florida Statu Such change was ction 607.0505, F It atuin (NC IS DELETE DELETE DELETE	Ites, the a authorize lorida Stat 13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si 2.4 Ci 3.1 Ti 3.2 N 3.3 Si 3.4 Ci 4.1 Ti 4.2 N 4.3 Si 4.4 Ci 5.1 Ti 5.2 N 5.3 Si 5.4 Ci 6.1 Ti 6.2 N	82 Street Add 83	10. Name and Address of New Re Iress (P.O. Box Number is Not Acceptal poration submits this statement for the p tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFIC	Dele) FL B5 purpose of chang pt the appointment DATE CERS AND DIREC CERS AND DIREC CR CERS AND DIREC CR	ing its registered at as registered CTORS IN 12 inge Addition ange Addition ange Addition ange Addition

States in the