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

PROFIT

SIGNATURE:

Jun 02 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # EmerAld Principal Place of Business Ma⊴ing Address 812 TARpor Drive F4. Warton Beach Pl 32548 3. Date Incorporated or Qualified 3a. Date of Last Repo 05-1996 2. Principal Place of Business 2a. Mailing Address 4. f Et Number Applied For 59-291 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WARREN H. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutos, 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 Statutos. Signature: Typed or printed name of registerest ages t and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE 111017 ☐ Change Addition NAME 1.2 NAME CR2E034 STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP 1.4 Cilly - \$1 - 7IP 211005 Change Addition TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP 3111111 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-81-70 DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STEFF1 ADDRESS CITY-ST-7IP 4.4 CHY-S1-7IP DOUGLE ☐ Change TITLE Addition 5.1 TITLE 200002208642 NAME 5.2 NAME -06/11/97--01052--022 STREET ADDRESS 5.3 STREET ADDRESS ***165.00 CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELFTE TITLE 6.1 THE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 0/1Y-S1_ZIP 14. If do 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

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